Agenda and Documents for the Meeting of the Foundation Council
Montreux, 14/3/2006 – 15/3/2006

Global Forum for Health Research
www.globalformhealth.org

Community Health Cell

From: "Bendixen, Kirsten" <bendixenk@who.int>
To: <pramilla.senanayake@globalforumhealth.org>; <jchen@shmu.edu.cn>; <mfathall@intouch.com>; <lupe@ipk.sld.cu>; <richard.horton@lancet.com>; <lancet.editorial@lancet.com>; <carel@cohred.org>; <marian@rmh.uct.ac.za>; <alg19@adinet.com.uy>; <amartine@mail.cinvestav.mx>; <daniel.maeusezahl@deza.admin.ch>; <morel@fiocruz.br>; <chc@sochara.org>; <berit.olsson@sida.se>; <opannenborg@worldbank.org>; <gill.m.r.samuels@pfizer.com>; <sewankam@infocom.co.ug>; <ntoubia@rainbo.org>; <judith.whitworth@anu.edu.au>; <czarowsky@idrc.ca>; <barbro.carlsson@sida.se>; <jnassim@worldbank.org>; <rav@forskningsradet.no>; "Ridley, Robert George" <ridleyr@who.int>
Sent: Tuesday, February 28, 2006 3:39 PM
Attach: FC-COHRED 1.-PrelimAgenda.doc; 3.-PreliminaryAgenda.doc; 4.1 SummaryFC-17sep05.doc; 4.2 SummarySTRATEC-16sep05.doc; 5.-ExecDirectorSummary-2005.doc; 6.1-Proposal-RealHealthNews.doc; 6.2-Proposal-IntNetResDisabil.doc; 6.3-SatelliteSponsorship.doc; 7.1-FocusingTheGlobalForum.doc; 7.2-Collaboration COHRED.doc; 7.3-Evaluation of F9.doc; 7.4-Comms Strategy.doc; 7.5-PPP Assessment Framework.doc; 8.0-NetworkProgress.doc; 9.1-FC Membership.doc
Subject: FW: Papers for Foundation Council

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pramilla.senanayake@globalforumhealth.org; jchen@shmu.edu.cn; mfathall@intouch.com; lupe@ipk.sld.cu; richard.horton@lancet.com; lancet.editorial@lancet.com; carel@cohred.org; marian@rmh.uct.ac.za; alg19@adinet.com.uy; amartine@mail.cinvestav.mx; daniel.maeusezahl@deza.admin.ch; morel@fiocruz.br; chc@sochara.org; berit.olsson@sida.se; opannenborg@worldbank.org; gill.m.r.samuels@pfizer.com; sewankam@infocom.co.ug; ntoubia@rainbo.org; judith.whitworth@anu.edu.au; czarowsky@idrc.ca; barbro.carlsson@sida.se; jnassim@worldbank.org; rav@forskningsradet.no; ridleyr@who.int

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Dear Foundation Council member,

I am delighted to send to you, on behalf of the Secretariat, the preliminary agenda and documents for the meeting of the Foundation Council that will take place in Montreux commencing at 2.00 pm on Tuesday 14 March and ending not later than 5.00 pm on Wednesday 15 March.

As you know, it was agreed this this meeting will be preceeded by a joint meeting between the Foundation Council and some members of the Board of COHRED. That meeting will commence at 2.00 pm on Monday 14 March and end at 12.30 pm on Tuesday 14 March. A preliminary agenda for this meeting is also attached.

The Global Forum has created a private area on its website www.globalforumhealth.org for the Foundation Council where (from Tuesday 28 February)) you will be able to find the documents for the March meetings as well as archives of STRATEC and Foundation Council meeting summaries from previous years.

The user name and password are as follows:

Username: member_0506

Password: klosta836

3/2/2006

Please let us know if you have any difficulties in getting in to this private area. We hope this will become a useful repository for documents you may need to consult and look forward to your feedback about other content you might like to see.

The following 15 documents for the meetings in Montreux involving the **Foundation Council** are attached:

<<FC-COHRED 1.-PrelimAgenda.doc>>

<<3.-PreliminaryAgenda.doc>> <<4.1 SummaryFC-17sep05.doc>> <<4.2 SummarySTRATEC-16sep05.doc>> <<5.-ExecDirectorSummary-2005.doc>> <<6.1-Proposal-RealHealthNews.doc>> <<6.2-Proposal-IntNetResDisabil.doc>> <<6.3-SatelliteSponsorship.doc>>

<<7.1-FocusingTheGlobalForum.doc>> <<7.2-Collaboration COHRED.doc>> <<7.3-Evaluation of F9.doc>> <<7.4-Comms Strategy.doc>> <<7.5-PPP Assessment Framework.doc>> <<8.0-NetworkProgress.doc>> <<9.1-FC Membership.doc>>

Joint meeting with COHRED:

Document FC/COHRED 1: Agenda

Foundation Council meeting:

Document 3: Agenda

Document 4.1: Summary of the FC meeting of 17 September 2005

Document 4.2: Summary of the STRATEC meeting of 16 September 2005

Document 5: Executive Director's summary of activities in 2005

Document 6.1: Project proposal 01/2006 *RealHealthNews*

Document 6.2: Project proposal 02/2006 International Research Network on Disability and Health

Document 6.3: 'Sponsorship' of satellite meetings at Forum meetings

Document 7.1: Focusing the Global Forum

Document 7.2: Collaboration with COHRED

Document 7.3: Evaluation of Forum 9

Document 7.4: Overview of strategic communications

Document 7.5: Assessment framework for product-development PPPs

Document 8: Progress of Networks and Initiatives

Document 9.1: Membership of the Council

If you do not receive or have any problems with the attachments, please let us know so that they can be sent in a separate mail.

3/2/2006

We look forward to seeing you in Montreux. As usual, please contact myself or Alexandra Petersen on any logistics issues (travel, hotel, etc.).

With all best wishes,

Kirsten

Kirsten Bendixen

Head, Meetings Unit

Global Forum for Health Research

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Forum 10, Cairo 29 October - 2 November 2006

3/2/2006

COHRED
COUNCIL ON HEALTH RESEARCH FOR DEVELOPMENT
Making health research work ...for everyone

Global Forum for Health Research
HELPING CORRECT THE 10|90 GAP

Meeting of members of COHRED's Board and the Foundation Council of the Global Forum for Health Research
Monday 13 and Tuesday 14 March 2006
Golf Hotel René Capt, Montreux, Switzerland

Complementarity Boards Think of others

Objectives

a. Understanding the strengths and weaknesses of each organization;
b. Understanding how collaboration can help both organizations achieve their missions better: i.e. enhancing the individual and joint strengths, and reducing the weaknesses;
c. Understanding possible risks in collaboration / closer collaboration / non- collaboration / merger;
d. Suggestions to explore other modes of collaboration (or not);
e. Board / FC getting to know each other better

Preliminary agenda

Monday 13 March

Time	*Agenda item*	*Document number*
14.00	1. Opening remarks by the Co-Chairs, Dr Marian Jacobs and Dr Pramilla Senanayake	
	2. Discussion of objectives and expectations	
	3. Summary of current status of organizations, their missions and strategies: o Presentation and update on COHRED Carel IJsselmuiden o Questions, clarifications and discussion o Presentation and update on Global Forum Stephen Matlin o Questions, clarifications and discussion	
15.30	*Coffee break*	
16.00	3. Summary of collaboration o Overview of collaboration to date Carel IJsselmuiden, Stephen Matlin o Questions, clarifications and discussion o Where does each organization see the value added in collaboration with the other, and what are the potential 'threats' Carel IJsselmuiden, Stephen Matlin o Questions, clarifications and discussion	
18.00	*Adjournment*	
19.30	*Dinner*	

Where do regional fora fechive??

How do you deal with new players – WB/Global Funds etc

Comparitive advantage
– Issues focussed upon
– Regions where strong
– GFHR/COHRED TDR

Global Priorities / Trends

Regional Priorities / Capacities

Issues:
– Global vs Regional vs National
– Capacity Building and HRD Focus
– North-South and South-South dialogue
– Links ē CSOs/Movements

Tuesday 14 March

9.00	4. Developing and extending the collaboration ○ Brainstorming on possible areas for joint work at different levels (Governance, programmes, administration, fundraising, etc)
10.30	*Coffee Break*
11.00	5. Any other business
	3. Summary and proposals for next steps
12.30	*Closure*

— Going beyond Forum/Council to Network/Alliance

— very short form — North
South Big Initiative/Big Coalition
(Is it becoming old boy old girl freemasonry?)

Community Health Cell

From: "Bendixen, Kirsten" <bendixenk@who.int>
To: "Horton, Richard (ELS)" <Richard.Horton@lancet.com>; <pramilla.senanayake@globalforumhealth.org>; <jchen@shmu.edu.cn>; <mfathall@intouch.com>; <lupe@ipk.sld.cu>; "Lancet, Editorial (ELS)" <editorial@lancet.com>; <carel@cohred.org>; <marian@rmh.uct.ac.za>; <alg19@adinet.com.uy>; <uyalopez@mysu.org.uy>; <amartine@mail.cinvestav.mx>; <daniel.maeusezahl@deza.admin.ch>; <morel@fiocruz.br>; <chc@sochara.org>; <secretariat@phmovement.org>; <berit.olsson@sida.se>; "Pang (Pangestu), Tikki Elka" <pangt@who.int>; <opannenborg@worldbank.org>; <gill.m.r.samuels@pfizer.com>; <sewankam@infocom.co.ug>; <ntoubia@rainbo.org>; <judith.whitworth@anu.edu.au>; <czarowsky@idrc.ca>; <barbro.carlsson@sida.se>; <jnassim@worldbank.org>; <rav@forskningsradet.no>; <gangulynk@icmr.delhi.nic.in>
Cc: "de Francisco, Andres" <defranciscoa@who.int>; "Hayward, David" <haywardd@who.int>; "Jupp, Susan" <jupps@who.int>; "Warriner, John" <warrinerj@who.int>; "Matlin, Stephen" <matlins@who.int>
Sent: Friday, November 25, 2005 8:46 PM
Attach: Minutes STRATEC September 05 ver 1.1.doc; minutesFCsep05FINAL(3).doc
Subject: RE: March 2006 FC meeting

Dear Foundation Council members,

Please find herewith - for your perusal and comments - the summaries of the STRATEC and Foundation Council meetings which were held in connection with Forum 9 in Mumbai, India.

Should you have comments kindly send these to me as soon as possible and at the latest by 15 December 2005.

If you encounter any problem in opening the files, kindly inform me and I will re-send the documents.

With my best regards

Kirsten

SUMMARY OF

STRATEC

16 September 2005

Grand Hyatt Hotel
Mumbai, India

Agenda :	Page 2
List of participants	Page 3
Summary :	Page 4

Approved by the Foundation Council on .....

.....	.....
Pramilla Senanayake	Stephen A. Matlin
Chair	Executive Director

Meeting of the Strategic and Technical Advisory Group (STRATEC)
Agenda

Hotel Grand Hyatt, Mumbai, India

	Friday 16 September 2005	
Timing	**Agenda item**	**Document number**
15.00	1. Opening remarks by the Chair Participant list	 1
	2. Adoption of the agenda 3. Conflict of interest declaration	2 3
	4. STRATEC meeting of 21-22 June 2005 – Approval – Matters arising	4
	5. Global Forum documents 5.1 Concept Paper on Private-Public Partnerships *(reviewer Carlos Morel)* 5.2 Global Forum Workplan and Budget for 2006	 5.1 5.2
	6. Projects for approval 6.1 Project Proposal 12/2005: Funding for Secretariat of new host organization of the SVRI–MRC, South Africa (USD 246 338) *reviewer Andrew Kitua.* 6.2 Update on Project SVRI and Project Proposal 13/2005: Site visits to new host organization–MRC in South Africa (USD 13 500).	 6.1 6.2
	7. Future meetings of STRATEC	
	8. Any other business	
	9. Closing remarks	
18.00	Close of meeting	

Meeting participants:

Chair: Carlos Morel
Jie Chen
Andrew Kitua
Ok Pannenborg
Tikki Pang
Gill Samuels
Ragna Valen

Secretariat:

Stephen Matlin
Andrés de Francisco

1. Opening Remarks by the Chair

The chair opened the meeting by welcoming the participants. He noted that they were meeting at the conclusion of a very successfully planned and managed Forum 9, which had generated very positive outcomes.

2. Adoption of the agenda

The agenda was adopted without modifications.

3. Conflict of interest declaration

The Conflict of Interest declaration was signed by STRATEC members with no modifications.

4. STRATEC meeting 21-22 June 2005 -Minutes and matter arising

The minutes were approved as distributed. The following were matters arising during the discussion:

- Proposal 5.6 in page 9 (Proposal 08-2005. Resource flows: basic research funds to discover important new drugs: who contributes how much?): STRATEC recommended to consult Adrian Towse and if possible to take note of the work of Henry Grabowski, Nathan Rosenberg (Stanford) and Dick Nelson (Columbia). It further requested to have the opportunity to review the draft document before publication by the Global Forum, while recognizing that very little time might be available for comment if publication deadlines were to be met..

- Proposal 5.7 in page 9 (Proposal 09-2005. Resource flows: the corporate cost of pharmaceutical research). STRATEC re-emphasized that the study by Donald Light of the costs of R&D for drug development should be published by him as an independent paper in a peer-reviewed publication and with a disclaimer that the estimates were not the work of the Global Forum.

5. Global Forum documents

5.1 Public-Private Partnerships for health

STRATEC welcomed the Secretariat's Concept Paper on Public-Private Partnerships and commented that it was well written and builds on the previous experience of the Global Forum and IPPPH. In going forward with work on PPPs, the Global Forum should look critically at the field and contribute where there were still gaps. The role of the Global Forum is to go beyond current knowledge on PPPs (for example, a very good recently published study on PD-PPPs did not address

vaccines, small/medium size companies, or the contributions of academics. The Global Forum could go beyond such studies).

STRATEC recommended that the Global Forum could develop an 'Assessment Matrix' for PPPs to systematize the evaluation of their performance and progress, and encouraged the Secretariat to continue working in this area.

5.2 Global Forum Workplan and Budget 2006

The Workplan and Budget for 2006 was well received by STRATEC, which noted that the new format gave greater clarity and made it easier to identify what work was proposed and the expected outcomes. A question by a STRATEC member about the increased level of staffing in the Secretariat was referred to the full meeting of the Foundation Council for discussion (see FC Item 7.1).

STRATEC requested a clarification of the budget for the Equity Portfolio in the Workplan and Budget, since a large part appeared to be allocated to the BIAS-FREE Framework activities. A subsequent clarification by the Secretariat had satisfactorily revealed that only $62,000 of the total $125,000 for the Equity Portfolio was actually for the BIAS-FREE Framework activities.

STRATEC requested to be kept informed of the progress of the manuscript on the BIAS-FREE Framework which had been submitted for publication in a peer-reviewed journal.

6. Projects for approval

6.1 Project proposal 12-2005: Funding for Secretariat of new host organization for the SVRI - Medical Research council South Africa (USD246.338 for the first year)

STRATEC welcomed the proposal and the selection of a group through an open, competitive tendering process to host SVRI, a key step towards eventual independence. The MRC in South Africa was selected through this process.

In reviewing the budget submitted with the proposal, STRATEC indicated that it expects that the overheads will be applied only to the 'costs of running the secretariat' and not to 'other Core SVRI activities' as it is stated in the current proposal.

In regards to concerns with the sustainability and long term viability of the initiative, STRATEC recommended to go ahead to finance the first year of operations of this proposals and encouraged the initiative to seek funds for their longer term activities as, currently, there is no commitment to support it beyond the third year.

To have a more direct involvement and oversight of activities related to the future of SVRI, STRATEC requested that the Steering Group of SVRI incorporates the Global Forum for Health Research as an observer (non-voting status).

STRATEC requested the SVRI to explicitly evaluate their impact in the long run on policy indicators (for example, number of policies introduced or previous policies changed as the result of the network).

6.2 Update on Project SVRI (project proposal 13-2005) No-cost extension and facilitation visit to new host organization MRC South Africa (USD 13,500)

STRATEC approved this proposal for a no-cost extension of up to 4 months for the period of the project, covering Chen Reis' salary. In addition, an extra allocation was approved of USD 13,500 to cover the costs of her visit to South Africa. This period will be used to complete existing activities and to facilitate the transfer of the project to the MRC in South Africa.

7. Future meetings

STRATEC meetings in 2006 will take place as follows:

- 13 March* (until 12:30 pm) 2006 in Montreux (approved, subject to timing of the associated FC meeting)

- 14-15 June 2006 in Geneva (approved: noting that next year the folllowing meetings will take place: HRP–PCC meeting on 29–30 June in Geneva; TDR–JCB in 19–21 June in Ghana)

- 2 November 2006 in Cairo Egypt (approved).

* Note: the date of 14 March 2006 was originally agreed, but was subsequently advanced by one day following a request by the Chair of FC and email consultation with all FC members.

8. AOB

None.

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Global Forum for Health Research

HELPING CORRECT THE 10|90 GAP

Meeting of the Foundation Council
Tuesday 14 and Wednesday 15 March 2006
Golf Hotel René Capt, Montreux, Switzerland

Preliminary agenda

Tuesday 14 March

Time	*Agenda item*	*Document number*
14.00	1. Opening remarks by the Chair: welcome and apologies	
	2. Conflict of interest statement –for signature at the start of the meeting	2
	3. Adoption of the agenda	3
	4. Approval of the following summaries of Foundation Council and STRATEC meetings and matters arising	
	4.1 Council meeting of 17 September 2005	4.1
	4.2 STRATEC meeting of 16 September 2005	4.2
	4.3 STRATEC meeting of 13 March 2006 (* will be distributed at the meeting)	4.3*
	5. Executive Director's summary of activities in 2005	5
15.30	*Coffee break*	
16.00	6. Items for decision	
	6.1 Project Proposal 01/20 06 *RealHealthNews*	6.1
	6.2 Project Proposal 02/2006 International Research Network on Disability and Health	6.2
	6.3 'Sponsorship' of satellite meetings at Forum meetings	6.3
	7. Items for information and discussion	
	7.1 Focusing the Global Forum	7.1
	7.2 Collaboration with COHRED	7.2
	7.3 Evaluation of Forum 9	7.3
	7.4 Overview of strategic communications	7.4
	7.4 Assessment framework for PD-PPPs	7.5
18.00	*Adjournment*	
20.00	*Dinner*	

Meeting of the Foundation Council
Tuesday 14 and Wednesday 15 March 2006
Golf Hotel René Capt, Montreux, Switzerland

Preliminary agenda

Wednesday 15 March

Time	*Agenda item*	*Document number*
8.30	Items for information and discussion (continued)	
	8. Progress of Networks and Initiatives	8
	9. Governing bodies and Secretariat	
	Item for decision	
	9.1 Membership of the Council: review of status and election of new members	9.1
10.30	*Coffee break*	
11.00	Items for information and discussion	
	9.2 Interim report of the Evaluation Team	9.2
	9.3 Administrative Items	9.3
	(a) Ratification of the official address of the Global Forum	
	(b) Ratification of the list of Foundation Council members	
12.30	*Lunch*	
14.00	**10. Update on Forum 10** Cairo, Egypt, 29 October to 2 November 2006	
	11. Other updates	
	11.1 Future Forum meetings:	11.1
	– Forum 11, China, 29 October to 2 November 2007	
	– Forum 12, Africa, 2008 + Ministerial Summit	
	– Future meetings	
	11.2 Representation at international meetings	11.2
	12. Next meetings	12
	13. Any other business	
17.00	14. Close of meeting	

Meeting of the Foundation Council
17-18 September 2005
Hotel Grand Hyatt
Mumbai, India

SUMMARY

Agenda	Page 2
List of participants	Page 4
Summary	Page 5

Approved by the Foundation Council on .....

.....
Pramilla Senanayake
Chair

.....
Stephen A. Matlin
Executive Director

Meeting of the Foundation Council
Hotel Grand Hyatt, Mumbai, India
17-18 September 2005

Provisional agenda

Timing	Saturday 17 September 2005 Agenda item	Document number
08.30	1. Opening remarks by the Chair. Welcome and introduction of new members. Review of procedures. Participants List	 1
	2. Adoption of the agenda 3. Conflict of interest declaration	2 3
	4. Approval of summaries of the following meetings and matters arising: 4.1 Foundation Council meeting of 10–11 March 2005 4.2 STRATEC meeting of 20–22 June 2005 4.3 STRATEC meeting of 16 September 2005 (to be distributed at the meeting)	 4.1 4.2 4.3
	5. Executive Director's Report to the Foundation Council (to be distributed at the meeting)	5
	Coffee	
	6. Annual Forum meetings and other meetings 6.1 Findings from Forum 9 and recommendations for Forum 10 6.2 Future Annual Forum meetings and tentative dates 6.3 African Meeting on Health Research, June 2006 in Nairobi, Kenya (to be distributed at the meeting)	 6.1 6.2 6.3
12.30-14.00	Lunch	
14.00	7. Papers for discussion: 7.1 Staffing levels in the Secretariat of the Global Forum 7.2 Focusing the Global Forum 7.3 Collaboration with COHRED 7.4 Funding from the private sector 7.5 Concept Paper on Public-Private Partnerships 7.6 Proposal for a Finance Subcommittee 7.7 'Networks' Progress towards independence (report by the Director at the FC Meeting) 7.8 Project Proposal 12/2005: Funding for Secretariat of new host organization of the SVRI–MRC, South Africa (USD 246 338).	 7.1 7.2 7.3 7.4 7.5 7.6 7.8

	8. Evaluation of the Global Forum 8.1 Terms of Reference 8.2 Update on progress (to be distributed at the meeting)	 8.1 8.2
17.30	Adjournment of Foundation Council meeting	

	Sunday 18 September 2005	
Timing	**Agenda item**	**Document number**
8.30	9. Global Forum Workplan and Budget for 2006	9
	10. Governing bodies 10.1 Table of the composition of Foundation Council 10.2 Membership of Foundation Council	 10.1 10.2
	11. Financial and administrative matters 11.1 Approval of the Operations Report 2004 and Report on Audited Financial Statement 11.2 Election of Auditors for 2005	 11.1 11.2
	12. Communication and Information (for information) – Update on RealHealthNews – Update on HIF-net – Update on the website	
	13. Meetings of the Foundation Council and STRATEC in 2006 Foundation Council STRATEC	
	14. Conclusion by the Chair	
17.30	Close of Foundation Council meeting	
	Lunch will be served at 12.30 each day and coffee will be served in the room	

Meeting of the Foundation Council
Hotel Grand Hyatt Hotel, Mumbai, India
17-18 September 2005

List of participants

Chair:
Pramilla Senanayake ✓

Members:
Barbro Carlsson
Jie Chen ✓
Alejandra Gomez Lopez ✓
Richard Horton ✗
Carel IJsselmuiden ✓
Marian Jacobs ✓
Andrew Kitua
Daniel Maüsezahl ✓
Carlos Morel ✓
Ravi Narayan ✓
Berit Olsson ✓
Tikki Pang ✗
Ok Pannenborg ✓
Gill Samuels ✓
Nelson Sewankambo ✗
Ragna Valen ✓
Judith Whitworth ✗

Secretariat:
Stephen Matlin ✓
Andres de Francisco ✓

Apologies for absence:
Mahmoud F. Fathalla ✓
Nirmal K. Ganguly
Maria Guzman ✓
Adolfo Martinez-Palomo ✓
Nahid Toubia ✓
Christina Zarowsky ✓

14/3/06

Meeting of the Foundation Council
Hotel Grand Hyatt, Mumbai, India
17-18 September 2005

Summary

1. Opening remarks by the Chair and welcome to new members

Pramilla Senanayake, Chair of the Foundation Council, welcomed all members of the Council. She extended a particular welcome to Judith Whitworth, who was attending her first Foundation Council meeting since her election. She also expressed the warm thanks and good wishes of the whole Council to three members who would be leaving now, at the end of their terms of service: Nirmal Ganguly, Andrew Kitua and Ragna Valen.

2. Adoption of the agenda

The agenda was adopted. It was agreed that some adjustments would be made to the order in which items were discussed, since not all Foundation Council members were able to stay for the second day of the meeting.

3. Conflict of interest declaration

At the request of STRATEC in June 2005, a 'Conflict of interest declaration' had been drafted by the Secretariat, drawing on examples of good practice from several organizations. Foundation Council members signed the declaration and were invited to send the Executive Director any comments or suggestions for modification of the declaration, which in future would be signed at the beginning of each STRATEC and Foundation Council meeting.

4. Approval of summaries of meetings and matters arising

4.1 Summary of the Foundation Council meeting of 10-11 March 2005 was approved.

4.2 Summary of the STRATEC meeting of 20-22 June 2005 was approved.

4.3 Carlos Morel, Chair of STRATEC, gave a brief summary of the discussion and recommendations of the STRATEC meeting of the previous day, 16 September 2005. The main points were:

- Conflict of interest declaration: there had been no suggestions for modifications and STRATEC members had all signed the declaration.
- Commenting on the summary of the STRATEC meeting of 20-22 June 2005, it had been re-emphasized that the study by Donald Light of the costs of R&D for drug development should be published by him as an independent paper and with a disclaimer that the estimates were not the work of the Global Forum.
- The Secretariat's Concept Paper on Public-Private Partnerships (PPPs) was well written and builds on the previous experience of the Global Forum and Initiative on

Public-Private Partnerships for Health (IPPPH). In going forward with work on PPPs, the Global Forum should look critically at the field and contribute where there were still gaps. For example, the Pharmaceutical R&D Policy Project at the London School of Economics had recently published a very good study of product-development PPPs, but this did not address vaccines, small/medium size companies or the contributions of academics – the Global Forum could build on and go beyond this. STRATEC had also recommended that the Global Forum could develop an 'assessment matrix' for PPPs to systematize the evaluation of their performance and progress.

- Workplan and Budget: this had, in general, been well received and it was noted that the new format gave greater clarity and made it easier to identify what work was proposed and the expected outcomes. One STRATEC member had questioned the increased level of staffing in the Secretariat over the last couple of years, but it was noted that a paper on staffing would be considered by this meeting of the Foundation Council and there was therefore no further discussion of the matter by STRATEC.
- STRATEC requested a clarification of the budget for the Equity portfolio in the Workplan and Budget, since a large part appeared to be allocated to the BIAS FREE Framework activities. A subsequent clarification by the Secretariat had satisfactorily revealed that only US$ 62,000 of the total US$ 125,000 for the Equity portfolio was actually for the BIAS FREE Framework activities. STRATEC also requested to be kept informed of the progress of the manuscript on the BIAS FREE Framework which had been submitted for publication in a peer-reviewed journal.
- An open, competitive tendering process had resulted in the selection of the Medical Research Council (MRC) of South Africa to host the Sexual Violence Research Initiative (SVRI) for three years when it moved from WHO in January 2006. The proposal from the MRC for funding had been well drafted and a detailed three-year budget had been provided. In recommending the first year of the proposal for funding, STRATEC had made three suggestions for amendments:
  - The budgets indicated for the three years were fairly constant. STRATEC felt that the MRC should be encouraged to begin developing alternative funding sources and there should be evidence of success in this as the 3-year project progressed, so that the initiative would not remain dependent on the Global Forum for its existence beyond the third year.
  - STRATEC recommended that the Global Forum remain in close contact with the initiative throughout the three years, including having observer (non-voting) status on the Steering Group.
  - STRATEC noted that the indicators provided in the proposal were all of a process type and recommended that some impact indicators be included in the project to facilitate evaluation of the performance of the initiative.
- Transfer of Sexual Violence Research Initiative from WHO: STRATEC noted that the component of the 2004-2005 allocations to WHO to cover the salary of the SVRI project officer required a no-cost extension into April 2006 (the project officer had actually begun her two-year assignment in May 2004), and this three-to-four-month period would be used to complete existing activities and to facilitate the transfer of the project to the MRC in South Africa. To cover the expenses of the project officer's travel to South Africa to effect the transfer, STRATEC

recommended approval of the request for allocation of an additional sum of up to US$ 13,500 which the Global Forum would administer.

- Dates of STRATEC meetings in 2006: It was noted that STRATEC meetings would be held just before the two Foundation Council meetings in 2006 (provisionally, 14-15 March (morning) and 2 November). The June meeting was tentatively scheduled for 14-15 June, the week before the TDR-JCB meeting in Ghana.

Matters arising

At the meeting in March 2005, the Foundation Council had recommended that the BIAS FREE Framework project should liaise with institutions in the South which have a long track record of work on equity issues in LMICs (e.g. GEGA, EQUINET, etc.) and a member of the Council asked whether there had been progress on this. The Deputy Executive Director responded that some relevant networks like Equinet had participated in the discussions on the Framework in Senegal.

The Foundation Council noted that, following comments in March on the need to have confidential discussions about some matters such as proposals involving Secretariat staff, the June and September meetings of Council and STRATEC had involved participation only of the Executive Director and Deputy Executive Director. The Foundation Council agreed that it was valuable for all concerned for the Secretariat staff to be present during meetings and requested that, in future, they be invited to attend but that, where appropriate, time be allocated in the agenda (e.g. at the end of a session or day) when confidential matters could be discussed *in camera*.

4. Executive Director's Report to the Foundation Council

The Executive Director made a Powerpoint presentation summarizing the previous year's work and printed copies of the full report were distributed. The Executive Director's Report for 2005 is annexed to this Summary, for ease of reference.

The Foundation Council congratulated the Executive Director for his impressive report and commended the Secretariat for the large volume of work it had undertaken in the period. In commenting on the content of the report, members of the Foundation Council made the following points:

- Much good work had been accomplished and the Global Forum was more visible as a result of the efforts.
- The tracking of resources for health research was an important activity and it was valuable that the Global Forum was giving attention to disaggregated data as well as to the global totals. For example:
  - The US-NIH contributed a very large percentage to the global total of public sector spending, but it was also important to look at what was being spent by poor countries such as Mozambique.
  - It was also important to look at whether development cooperation agencies funded research, and whether this was as part of topical initiatives or focused on strengthening research capacity in developing countries.

- In tracking the research resources of countries like those in the Rockefeller-funded project (Brazil, India, South Africa), it would be of particular interest to understand not just the volume of financial flows but how the resources were organized and channelled. For low-income countries, the organization of resources was very important. It was noted that, throughout Forum 9, presenters had often bundled low- and middle-income countries together, while in reality there were a lot of differences and they needed to be separated for meaningful analysis.
- An important goal was that eventually every country would systematically track and report its research resource flows.
- Some important changes were taking place in high-income countries, e.g. Canada's decision to allocate 5% of all new health research funds to research relevant to developing countries.
- Given the current emphasis on equity, it was important to know what was being spent in and by countries in areas such as health policy and systems research. The impression was that this was a very neglected area, compared with R&D on products, and that spending was being channelled to research for poor countries rather than in and by poor countries themselves. Funding for health research on specific diseases was also seen as an important contribution to the debate and activities in this portfolio should be encouraged.
- The collaboration between the Global Forum and COHRED on tracking resource flows at country level had been very effective and demonstrated the continuum between global and country work. Having national data was empowering for the countries themselves and provided a basis for strengthening their negotiations with donors.
- In the collaborations being developed with other organizations interested in tracking research resources, it was important to ensure that the data these organizations produced was suitably disaggregated and fitted in with the Global Forum's needs.

• There was interest in the Global Forum's efforts to engage with the Heads of International Research Organizations (HIROs), both to encourage their greater collaboration on global health issues and to improve the tracking of the resources they allocate to these issues. This was seen as important advocacy work. In offering guidance, Foundation Council members expressed their concern that the HIROs' decision to engage in research capacity strengthening in Africa might be a 'top down' approach and that MRCs were not necessarily the best-placed organizations to engage in capacity building. To the extent that they acted in this field, they should be encouraged to support Africa's own capacity building, with Africa itself taking the lead in coordination.

• The extensive collaboration with COHRED was commended and seen as extremely important. In the work to develop a joint database for the two organizations, it would be useful to look at TDR's database development.

• The tripartite collaboration on research capacity strengthening between the Global Forum, COHRED and TDR was welcomed and in response to a question the Executive Director clarified that this was an equal partnership in which all shared in the planning and decision-making, while members would take turns to lead on the organizational aspects of particular meetings. It was commented that in this project, emphasis should be given to how low-income countries organize their research. It was also recognized that low-income countries could learn from the experiences of emerging middle-income countries like Brazil. A clear need was emerging for an overall, coherent framework for research capacity strengthening and the tripartite collaboration would be addressing this.

very important as long term investment to promote self reliance in R+D!

The important work that WHO has conducted, including developing a toolkit for use by countries, was noted and would be incorporated. Suggestions were also made for taking advantage of the databases related to research capacity strengthening in organizations such as TDR, HRP, the Academy of Sciences for the Developing World (formerly the Third World Academy of Sciences). It was commented that the 'research capacity strengthening' language was foreign to many developing countries: this was an issue that needed to be addressed. Structures were extremely important that would give countries systems for identifying problems - even the use of a health perspective in identifying 'health research' was vertical thinking - research for health involves a wide range of sciences and disciplines. Research needs to be seen as a tool for development that enhances analytical capacity. It should feature in the construction of Poverty Reduction Strategy Papers or it will not be supported.

- The Global Forum was encouraged to continue its work promoting more research on sexual and reproductive health (SRH) and to continue to give attention to research addressing the whole range of women's health issues. It was important that SRH be approached from the right perspective with respect to women's health, emphasizing the exercise of rights, sexuality and decision-making.
- The Secretariat was thanked for the support it had given to the organization of the 'Research Encounter' prior to the Second People's Health Assembly in Ecuador. It was noted that planning was beginning for the second edition of the *Global Health Watch* report.
- The Global Forum's interaction was noted with the Ellison Institute, to promote more attention to gathering health research resources data at country level through mechanisms such as National Accounts. The need for continuing involvement by WHO and by developing countries themselves was emphasized.
- Taking a broad perspective on the work of the Global Forum, it was commented that it has a strongly anglophone bias, with representation from French, German, Japanese and other countries being largely or entirely absent. It was recommended that the Global Forum should make greater efforts to involve more non-Anglophone elements in its work. This could involve, for example: a francophone section on the website; Francophone members of the Foundation Council; activities targeted at Francophone areas such as West Africa and former Indo-China; similarly, more could be done in other major languages such as Spanish and Portuguese. Beyond translations, it was valuable to employ consultants who actually work in other languages and therefore bring different approaches and perspectives (TDR has good lists of these). It was recognized that the use of simultaneous translation in a number of languages at the annual Forums would involve very substantial extra expense.
- In developing its relations with other organizations, it was recommended that the Global Forum should make more effort to engage with different sections of the European Union, including the three major directorates responsible for health, research and industry.
- The Global Forum's expanded range of publications, including the annual 'Update' and the magazine-style RealHealthNews, was recognized as an important part of its overall communications strategy and helped to give visibility to the organization and its messages. One Foundation Council member asked whether it might be better to conduct fewer projects and devote more effort to synthesizing evidence, developing new analyses and publishing reports in peer-reviewed journals in order to shape and influence policy-making. In response to a question about the Global Forum's overall communications

strategy and about evidence for the impact of the Global Forum's publications and other communications, it was noted that (i) the Second External Evaluation would be looking at this as part of its remit and the importance of this area would be highlighted in briefing them, and (ii) one Foundation Council member noted that the first edition of the 'Update' had had considerable impact at the top levels of his organization and had been important as a document that was readable by very senior, extremely busy policy-makers who would not consider reading an article in a learned journal, (iii) the Secretariat would prepare a note on its communications strategy to facilitate further discussion at the next Foundation Council meeting.

- As part of its communications strategy, the Global Forum should try to link researchers, policy-makers and advocates to encourage the use of knowledge in policy-making – recognizing the need for different kinds of products for different audiences. Real evidence on the '10/90 gap', resource flows, etc., was vital for effective advocacy, and very short publications were vital to reach policy-makers. Specifically, it was suggested that (i) RealHealthNews could be distributed to all WHO country representatives, (ii) the 'Update' should have a more readily visible ISBN (currently on page 5) and include details of its Editorial Board.
- Regarding the networks and initiatives nurtured by the Global Forum, it was noted that the Evaluation Team would be looking at the extent to which they had accomplished the mandate of the Global Forum.

5. Annual Forum Meetings

6.1 Findings from Forum 9 and recommendations for Forum 10

In their discussion of Forum 9 and consideration of plans for Forum 10, members of the Foundation Council made the following points:

- Forum 9 had been very successful and the staff of the Secretariat were congratulated for their hard work in ensuring that the arrangements had all gone very smoothly. The overall impression was of a very well organized meeting with an extremely friendly atmosphere.

- On venue, local arrangements, timing and frequency:
  - The move away from Geneva to holding Forum meetings in developing countries was proving its value, as it was enabling the Global Forum to engage more strongly with regional constituencies, to attract the attention of senior politicians and policy-makers such as heads of state and ministers, and to facilitate much greater presence of local participants.
  - The collaboration with hosts (ministry, ICMR) and local organizing committee (National Institute for Research in Reproductive Health, Mumbai) had been very effective and the support provided by the ICMR was greatly appreciated.
  - Pre-conference arrangements for travel, etc. had generally been smooth, although a few people had experienced severe difficulties in obtaining visas.
  - The Grand Hyatt Hotel had provided excellent facilities and support for the arrangements for Forum 9. The cooperation and helpfulness of the management and staff were much appreciated

- Nevertheless, there were divided views about whether it was best to have Forums in such luxurious surroundings, yet surrounded by sights of extreme poverty. Some members felt that Forums could be held in universities, making use of their extensive facilities in lecture halls and classrooms, while others preferred the convenience of having a meeting that afforded comfortable meeting rooms integrated with an adequate standard of accommodation and catering. It was recognized that the use of a university campus for a meeting the size of the Forums would only be possible out of term time – restricting the possibilities to either mid-July to mid-September or January depending on the geographical location and academic cycle. One possible compromise suggested was to try to find a good hotel conference venue that was close to a major university campus and make arrangements that would facilitate access for university students and researchers. It was noted that arrangements for Forums 10 (Cairo, 2006) and 11 (Beijing, 2007) were already well under way and long-range commitments were already in process for their venues, while Forum 12 (Africa, 2008) would involve collaborative, multi-partnered arrangements (with COHRED, World Bank and WHO) to organize a meeting with a high-level component. Therefore, 2009 was the earliest year when a different type of venue and shift in timing would be possible and it would be appropriate to consider this in a couple of years' time.
- Similarly, there was a range of views expressed about the desirability of continuing to hold Forums annually – arguments in favour included the opportunity to keep the Global Forum in the public eye, to ensure its messages reached different parts of the world within a reasonable time cycle, and to sustain the momentum of discussion and progress in thinking on important issues; arguments for moving to a longer interval such as 18 months or two years included the amount of staff time involved, the large financial resources needed to run the Forum, the possibility of alternating 'global' and 'regional' meetings, and the increased opportunity to follow up and report on the outcomes if meetings were held less frequently. Again, it was recognized that with the current planning processes already in hand up to 2008 it would be appropriate to (i) look at the outcomes of the Second External Review, (ii) wait until after March 2006 before deciding whether to hold a Forum in 2009, (iii) in due course, possibly appoint a sub-group of the Foundation Council to work with the Secretariat to formulate options and proposals for Forums beyond 2008.

- On participation:
  - It was noted that Forum 9 had reflected a regional focus and that there had been strong efforts to include country-based experiences.
  - While about 75 countries were represented in Forum 9, the absence of participants from some of the poorest countries was noted and ways to encourage such participation should be devised.
  - There was an impression that there had been less civil society presence than in Forum 8 and greater involvement by civil society in future Forums was recommended.
  - Similarly, the need was noted to increase participation by representatives of bilateral agencies, policy-makers and the private sector including CEOs.
  - It was also recommended that more effort should be made to encourage young researchers (the 'next generation' of researchers) to attend and participate actively in future meetings. Awards, bursaries, involvement in poster and essay competitions and

opportunities for young scientists to visit and engage with local research institutions were all mentioned as possible ways to encourage this.

- On structure and format:
  - Division of plenaries into smaller parallel groups would encourage effective debate on controversial topics.
  - More use should be made of roundtable formats rather than theatre style, enabling face-to-face debate between policy-makers, researchers, civil society, etc.
  - The innovation of assigning seven thematic and two roving rapporteurs, who gave summaries of their impressions in the last session of the Forum, had been very successful and was considered one of the highlights of the meeting.
  - As in Mexico, the satellite meetings and early evening special sessions had been a valuable feature. Expansion in the number of these events – particularly the smaller evening meetings – would be welcome, but it was recognized that the main limitation was the number of rooms available in the conference venue.
  - The posters had generally been of high quality and this had become an important element of the Forum. There were opportunities to involve more young people in the posters and to have a session where the best posters were selected for brief oral presentations.

- On development of the programme and programme content:
  - The opening up of the programme through the process of a Call for Abstracts had been a welcome feature of Forums 8 and 9.
  - It was good that the overall focus was being kept on research. Suggestions were made for increased attention to a variety of issues, including: research policy issues, research management, social and behavioural research, debates on regional issues.
  - The quality of discussions was variable and often seemed better in the smaller sessions than in the large plenaries. It was good to have controversies and better quality of debate, which might be facilitated by smaller groups, fewer speakers and more discussion time.
  - Despite the efforts being made to encourage speakers to focus on the implications of results for future policy and research agendas, it was still the case that, overall, too much time was being spent on familiar problems and not enough on solutions/action. One possible way to improve this was to make even more use of workshop formats. In these, participants can be more strongly encouraged to move beyond stating or restating the problem and engage in informed discussion rather than making brief, throw-away comments that are not contextualized. Workshops could follow on from the 'big themes' introduced in Plenary Sessions, which themselves could take more of the form of panel discussions.
  - The session on gender had been well received and it was suggested that Forum panels should, in general, include someone with gender expertise.

- On purpose, outcomes and impact:
  - Different views were expressed on the future balance between focusing on the least developed countries and taking a global perspective. This discussion goes to the centre of the Global Forum's mandate and the breadth of its perspective and mission

and should be pursued in the light of the outcomes of the Second External Evaluation. It also needs to be considered in the context of the different mandate and mission of COHRED and the relationship between the two organizations.
- Think more about who the Forum is trying to influence and engage them in debate.
- It is wonderful to have promises made, but who checks on action and delivery?

6.2 Future Annual Forum meetings and tentative dates

Forum 10: 29 October- 2 November 2006 in Cairo, Egypt.
Title of meeting: 'Combating disease and promoting health'.

Forum 11: 29 October- 2 November 2007 in Beijing, China.
Title of meeting: to be discussed with Ministry of Health, China in October 2006.

Forum 12: Africa, 2008.
Venue of meeting: to be determined by WHO-AFRO by time of 2006 EB and WHA.

6.3 Regional meeting on Human Resources for Health Research

A meeting of African networks was being organized on 5-7 July 2006 in Nairobi. This was being led by COHRED, supported by the Global Forum, in partnership with a number of African agencies, funded by a grant from IDRC.

7. Papers for discussion

7.1 Staffing levels in the Secretariat of the Global Forum

A paper by the Executive Director summarized the evolution of staffing levels in the Global Forum over a period of years and set out proposals for the coming year in the light of the mandates of the Global Forum, the proposed Workplan and Budget and the anticipated resources available.

A range of views was expressed by Council members:
- The increases in staff in the last two years have been substantial and possibly more could be done by outsourcing work or collaborating with other organizations.
- The increases in staff, including at support levels, have enabled staff to focus on what they do best and the outputs have increased substantially for a not enormous investment.
- It was recognized that the types of work in which the Global Forum engages, including the core function of advocacy and the management of the open Forum process, are labour intensive and require relatively greater staffing levels than does project management.
- Some favoured the view that staffing levels should be considered in the light of the evaluation and there should be no further increase in full-time equivalents until this is completed. Others felt that this could create a long delay in making any necessary staffing adjustments, that the evaluation was concerned primarily with the achievements of the Global Forum and reviewing its focus and had not been designed as a management review. The evaluators could be asked to give a little more attention to this.

- The issue of the extent to which the Council should intervene in the management decisions of the Secretariat was raised. In concluding, the Chair summarized that, having raised the concerns, the Directorate should be left to manage.

7.2 Focusing the Global Forum for Health Research

A paper by the Executive Director summarized the historical development of the mandate and mission of the Global Forum, and of COHRED, and raised a number of questions about the future direction and focus of the Global Forum's emphasis and messages.

There was a relatively brief discussion, during which it was agreed that this should become a 'living document' that would evolve over time; that there was an important agenda of global issues that need to be addressed; that the paper should be further developed in consultation with COHRED and further discussed in March 2006 in the light of the Second External Evaluation and the ongoing evolution of the relationship with COHRED.

7.3 Collaboration with COHRED

The Executive Director presented a report summarizing the extensive collaboration with COHRED that had developed during the year. This collaboration had built upon a Memorandum of Agreement that was approved by the Foundation Council in November 2004 and by COHRED's Board in December 2004 and was signed by the Chairs and Directors of the two organizations in Rio de Janeiro in March 2005. Collaboration was taking place at all levels from the chairs of governing bodies and senior directorates to professional and administrative staff, and across professional activities, administration and services. The proposal by SIDA that the Global Forum and COHRED should move towards merger was noted as a new factor.

The Director of COHRED observed that the collaboration had started in January 2004, immediately on the appointment of the directors of the two organizations and had moved away from the previous history of limited engagement. He felt that there was good cause to celebrate a year of very extensive achievement in the collaboration and that this should not be overshadowed by the question of merger. The collaboration had set the two organizations on a pathway of convergence in those areas that were of common concern. Both mission statements focus on health research for development, but coming from local or global perspectives, respectively, they were substantially different in how they work and there was a need for time to see how they bed down and how far they might be integrated. There was great potential for further defining the areas of productive collaboration, obtaining feedback and seeking further opportunities for joint funding.

In the subsequent discussion, the following points were made:

- On the collaboration to date:
  - The report was commended by the Foundation Council, which warmly welcomed the very extensive collaboration that was developing. Members noted that the two organizations complemented one another and that transaction costs were being lowered by the two working together.

- There was a need for the two organizations (led by the Chairs and Directors) to do more work to define their common goals and ideological framework, and beyond that to create a space in which other organizations could join in. Collaborations with other agencies, such as TDR, were also seen as important.

- On the question of 'merger':
  - One Council member commented that the collaboration should not become a 'cosy marriage' and was in favour of working together and clarifying mandates, but not merging. This point was then picked up and reiterated by several others.
  - On the other hand, the view was expressed that previously there had been a very long period of waiting for the two agencies to move towards one another, that separation was not 'healthy' and that the two perspectives should be brought together. In keeping with this, perhaps the Forums could have two tracks: one concerning the 'conditions for research' and the other concerning the 'content of research'. It was vital to keep emphasizing that low-income countries should have the opportunity to control their own research and to do all kinds of research – not just health systems research, as had been suggested in the Ministerial Summit in Mexico.
  - Discussion about future options should be taken up again in March 2006 when the results of the Second External Evaluation would be available and when there would also be an opportunity for the governing bodies, as well as the secretariats, to engage in joint discussions. It might be useful to engage a (technically competent and politically astute) facilitator to aid the discussions.
  - Discussion of the possibility of having one day of the Boards of the Global Forum and COHRED to interact. This will be tried in the March 2006 meeting.

7.4 Funding from the private sector

The Secretariat's paper presented an overall question: '*Under what circumstances is it acceptable for the Global Forum for Health Research to accept funding from the private sector?*', and then set out a wide range of individual examples of possible types of private-sector funding for consideration.

In the brief discussion of this paper, a range of views was expressed. Some stated very strongly that there should be essentially no funding accepted from the private sector under any condition, since this risked being seen as 'in industry's pocket' and lending the Global Forum's name to companies, products or practices that should not be endorsed, with a consequent erosion of the organization's integrity. Others argued for a more nuanced and less ideological approach on a case-by-case basis, noting that both agencies (e.g. WHO, Roll Back Malaria) and governments (e.g. Brazil) were finding ways to collaborate with and benefit from funding of activities by the private sector. There was a danger, in taking a blanket negative approach, of losing opportunities to 'share brains' and to engage with the private sector in ways that could influence their priorities in the direction of the Global Forum's mission. The private sector was recognized to be a significant stakeholder in health research and the MDGs would not be achieved without their participation. Discussion should also go beyond the pharmaceutical industry and consider possible roles of, for example, foundations that had originated in for-profit activities (e.g. Gates, UBS and Sasakawa Foundations). It was proposed that the Global Forum and COHRED could collaborate in the

development of a set of ethical guidelines, drawing on existing guidelines and examples from other organizations, and revert to the Foundation Council for further discussion.

One point on which there was strong agreement was that the inclusion of paid 'advertorials' or 'sponsored articles' in the annual *Global Forum Update on Research for Health* was undesirable and should be discontinued. The Executive Director was requested to convey this to the publishing partner, Pro-Brook, and request that in future they limit themselves to selling straightforward advertisements (1-2 page spreads maximum), with no single advertiser being given undue prominence or visibility, for example on the inside or outside covers. It was recognized that this would reduce the commercial viability for the publisher and if necessary the Global Forum might have to take on the whole cost of publishing the 'Update' itself.

7.5 Public-Private Partnerships for health

Referring to the previous day's discussion, the Chair of STRATEC again noted STRATEC had welcomed the Secretariat's Concept Paper on Public-Private Partnerships, which was well written and built on the previous experience of the Global Forum and IPPPH. STRATEC felt that the Global Forum still had a role to play in relation to PPPs and that it should look critically at the field and contribute where gaps remained – e.g. in studies that addressed vaccines, small/medium size companies, or the contributions of academics. STRATEC had also recommended that the Global Forum could develop an 'assessment matrix' for PPPs to systematize the evaluation of their performance and progress.

The comments by STRATEC were endorsed by the Foundation Council and the Concept Paper accepted as the basis for developing the Global Forum's work on PPPs.

7.6 Proposal for a Finance Subcommittee

The Foundation Council agreed to the request to establish a small Finance Subcommittee to assist the Secretariat with strategic advice about its management of finances. Nominations were proposed of Ok Pannenborg, Mahmoud Fathalla and Christina Zarowski, the last two of these being subject to their agreement. It was noted that any meetings required would be short and held in the margins of other Foundation Council meetings so that extra travel would not be required.

7. 7 Progress of Networks/Initiatives towards legal independence

It was noted that two Networks – the Road Traffic Injuries Research Network and the Global Network for Research in Mental Health and Neurological Health – are not under the Global Forum's legal umbrella and were already operating independently; while the Initiative on Public-Private Partnerships for Health had been wound up in the first quarter of 2005 after it was determined that there were no prospects for core funding to sustain it as an independent entity. The Executive Director gave a brief summary of the progress being made towards legal independence by four other Networks and Initiatives supported by the Global Forum:

Alliance for Health Policy and Systems Research
The Alliance had sought to further develop its close working relationship with WHO and there were now significant prospects that a 'Special Programme' or 'Partnership Programme' could be established at WHO to lead work on Health Policy and Systems Research. It was likely to take 1-2 years for the legal, financial and administrative arrangements for such a programme to be worked out. Meanwhile, therefore, a new Memorandum of Understanding had been developed with WHO to house the Alliance as a programme within EIP and a process had been initiated to appoint a new manager to oversee this period of work.
Child Health and Nutrition Research Initiative and ***Initiative on Cardiovascular Health Research in Developing Countries***
Both these Initiatives now had established secretariats in developing countries (Dhaka, Bangladesh and Delhi, India respectively) and each had made progress in setting up the arrangements to become registered as a foundation in Switzerland. While they were endeavouring to meet the timescale of completing the legal formalities by the end of 2005, as requested by the Foundation Council, it was noted that the bureaucratic processes might take a little longer. The Foundation Council expected that the processes would be completed not later than June 2006 and looked forward to receiving reports on the progress at its March 2006 meeting.

Sexual Violence Research Initiative
This was making good progress in the transfer of the secretariat to a developing country (see Item 7.8), as a key step towards eventual independence.

7.8 Project proposal 12/2005: Funding for Secretariat of new host organization of the Sexual Violence Research Initiative (SVRI) at the MRC South Africa (US$ 246,338)

Referring to the previous day's discussion, the Chair of STRATEC again noted that they had welcomed the proposal. The MRC in South Africa had been selected, through an open, competitive tendering process, to host the SVRI for three years.

In the ensuing discussion, the Foundation Council:

- commended the SVRI, currently located in the Gender Department of the Family Health Cluster at WHO, for its good progress over the last year and for successfully conducting the process of identifying a suitable location for transfer to a developing country;
- accepted STRATEC's recommendations for amendments to the proposal:
  - The budgets indicated for the three years were fairly constant. The MRC should be encouraged to begin developing alternative funding sources and there should be evidence of success in this as the three-year project progressed, so that the initiative would not remain dependent on the Global Forum for its existence beyond the third year.
  - The Global Forum should remain in close contact with the initiative throughout the three years, including by having observer (non-voting) status on the Steering Group.
  - The indicators provided in the proposal were all of a process type and it was recommended that some impact indicators be included in the project to facilitate evaluation of the performance of the initiative.
  - In the budget, the proposal included the application of overheads to project costs as well as to core secretariat costs. These project cost overheads should be deleted.

- Transfer of Sexual Violence Research Initiative from WHO: the Foundation Council also accepted STRATEC's recommendations for the final phase of this work:
  - The component of the 2004-2005 allocations to WHO to cover the salary of the SVRI project officer required a no-cost extension into April 2006 (the project officer had actually begun her 2-year assignment in May 2004), and this 3-4 month period would be used to complete existing activities and to facilitate the transfer of the project to the MRC in South Africa.
  - To cover the expenses of the project officer's travel to South Africa to effect the transfer, the request for allocation of an additional sum of up to $13,500 was approved, which the Global Forum would administer.

8. Evaluation of the Global Forum

The Executive Director summarized the steps that had been undertaken to initiate the Second External Evaluation and responded to questions about the processes involved. As agreed at the March 2005 meeting of the Foundation Council:

- All agencies contributing funds to the Global Forum had been contacted with a request to identify any specific requirements they had for inclusion in the Terms of Reference;
- The Foundation Council had designated an Evaluation Subcommittee (co-chairs Carlos Morel and Mahmoud Fathalla; members Jie Chen, Andrew Kitua, Berit Olsson, Ok Pannenborg). The Secretariat had worked closely with this Subcommittee to:
  - draft the Terms of Reference for the Second External Evaluation, the text of which was eventually approved by the Evaluation Subcommittee;
  - identify a list of possible candidates to serve as members of the external Evaluation Team, meeting the criteria agreed in the Terms of Reference; sort these into order of preference, taking account of the need to balance fields of expertise, geography and gender; contact candidates in the agreed order to determine their willingness and availability to serve; in consultation with the Evaluation Subcommittee, agree the final selection of Evaluators: Vis Navaratnam (M, Malaysia, Chair), Piroska Ostlin (F, Sweden), Victor Penschazadeh (M, Argentina).
- The final confirmation of the external Evaluation Team had been achieved only about a week prior to Forum 9, and it had not proved possible for all three to attend Forum 9. However, Vis Navaratnam and Piroska Ostlin were able to arrive in Mumbai on 17 September and were briefed by the Executive Director. As well as studying the Forum itself, they were able to use the opportunity to make contact with a substantial number of people – including participants, presenters, members of Networks and Initiatives and of the Foundation Council – to begin building their impressions of the Global Forum and identify areas that they would wish to explore in depth as the formal evaluation got under way.
- The Evaluation Team was planning a visit to Geneva in October (subsequently confirmed for 24-27 October), where it would have the opportunity to conduct formal in-depth interviews of a range of people (including Council members available there) and to develop its programme of work and initiate a survey by questionnaire.
- It was suggested that it could be useful for the Evaluation Team to provide an Inception Report on which the Council could provide feedback. However, the shortage of time was

a crucial factor and it was agreed that flexibility would be needed on the question of an Inception Report.

- It was envisaged that a second visit to Geneva would be made in December/January to bring the material together and begin the preparation of the final report, which should be available in draft form in time for circulation prior to the March 2006 meeting of the Foundation Council.

9. Workplan and Budget for 2006

The Workplan and Budget for 2006 had been well received by STRATEC, which had noted that the new format gave greater clarity and made it easier to identify what work was proposed and the expected outcomes. A question by one STRATEC member about the increased level of staffing in the Secretariat had been referred to the full meeting of the Foundation Council for discussion (see Item 7.1).

The Foundation Council commented on several aspects of the 2006 Workplan and Budget:

- New donors: the addition of Ireland (also a co-funder of COHRED), Mexico and now India to the list of core contributors was welcome. There was still a relative lack of donors from both Spanish and Portuguese-speaking countries of Latin America. Brazil could be approached to fund a mirror website of the Global Forum for lusophone countries.
- Clarifications were sought about several issues referred to in the Workplan, including designated funding (the World Bank was channelling additional funds through the Global Forum for projects on the financing of malaria clinical trials and on examining the economic impact of noncommunicable diseases; it was recognized that designated funding needed to be kept in balance with the level of core funding and should not distort the priorities of the organization); strategic direction (these would be debated further in March 2006 in the light of the Evaluation, the collaboration with COHRED and the work being done on focusing the Global Forum); on support for participants from the South (more than 200 of the participants in Forum 9 had received partial or complete support, the highest number ever, with the majority originating in LMICs); and the Poverty Portfolio (which had received approval following discussions in the March 05 Foundation Council meeting and then a very positive review of the revised version in the June STRATEC meeting); on the question of follow-up (it would be helpful to indicate how we will follow up and demonstrate progress in relation to the indicators that are now included in the Workplan); on the ways to engage more young participants in the Forum (suggested that an essay competition could help, with the best entries being published).
- It was proposed that an additional overview table be added at the beginning of the Workplan and Budget in future, to further facilitate the cross-referencing of items in different sections.
- It was suggested that, to enable Council members to keep abreast of the Global Forum's work and up to date with documents between meetings, a special access area could be provided on the website where documents could be accessed. It was noted that the Global Forum had, at an earlier stage, experimented with this facility and that COHRED was currently developing the approach for its Board: it was agreed that this would be a good approach to reintroduce in the Global Forum.

The Workplan and Budget for 2006 was accepted by the Foundation Council.

10. Governing Bodies

The Executive Director drew attention to the documents regarding current composition (10.1) and future membership (10.2) of the Foundation Council, noting that:

- Three representatives of the Research Institutions constituency (Andrew Kitua, Africa; Nirmal Ganguly, Asia; Adolfo Martinez-Palomo, Latin America) had reached the end of their second term and were stepping down;
- Mexico had become the first LMIC donor to the Global Forum and was therefore eligible for membership: the Minister of Health, Dr Frenk, had nominated Adolfo Martinez-Palomo to represent Mexico;
- For the three Research Institutions vacancies that now existed, a number of nominations had been received and these had been circulated with bio-sketches (see Annex 2). However, while the Foundation Council had, at its March 2005 meeting, proposed that a decision could be reached by e-mail voting, some members had subsequently requested that there should be a discussion in Mumbai prior to voting.

The Foundation Council had a brief discussion of the merits of the nine candidates under consideration. However, noting the comments made earlier in the day about the need to broaden the representation by different language groups and also the desire to seek some 'fresh' people who were not part of the familiar international pool, it was felt that a period of further reflection was needed and that additional nominations should also be considered. It was therefore agreed to seek further suggestions to add to the list already available and to hold the elections at the meeting in March 2006. The Executive Director was requested to inform the nine existing candidates that the decision had been postponed but that, unless they objected, they were still being considered for election.

To facilitate the election process, it was agreed to appoint a Nominations Committee: Mahmoud Fathalla, Ok Pannenborg, Marian Jacobs. They will seek out names to add to the list of candidates and pass these on to the Executive Director, who will confirm their willingness to stand and obtain their CVs.

As well as bidding farewell to Nirmal Ganguly and Andrew Kitua, the Foundation Council also said farewell to Ragna Valen, who is moving to another position and will be replaced as Norway's representative at the next Council meeting. The Foundation Council Chair thanked all three for their extremely valuable service and for the important contributions they had each made to the Council's deliberations and to furthering the mission of the Global Forum.

11. Financial and administrative matters

11.1 Approval of Operations Report and Report on Audited Financial Statements

The Foundation Council noted for the record that the 2004 Operations Report and Audited Financial Statements have been approved by its members.

11.2 Election of auditors for 2005

After a competitive tendering process the previous year, PricewaterhouseCoopers had been confirmed as auditors for the 2004 accounts. The Foundation Council approved the recommendation that they be reappointed as auditors for 2005.

12. Communications and Information

The Foundation Council noted the contents of a brief information paper provided by the Secretariat, covering progress on RealHealthNews, the HIF-net email discussion network and the Global Forum's website. Commenting on these and on related communications ideas, the Foundation Council suggested:

- For the Editorial Board of RealHealthNews, Alejandra Lopez Gomez was proposed.
- Following the example of the 'Disease Watch' that TDR had encouraged, the possibility should be examined of promoting a '10/90 Watch' or 'Health Research Watch'.
- Brazil had brought together artists to collaborate in the area of health, with results (e.g. in the form of comics) that had helped to attract a lot of press and public interest.

12. Meetings of the Foundation Council and STRATEC in 2006

Foundation Council and STRATEC meeting: 13-15 March 2006, Montreux, Switzerland*

13 March 2006	Morning	STRATEC meeting
	Afternoon	Joint meeting of FC and Board of COHRED
	Evening	Joint dinner of FC and Board of COHRED
14 March 2006	Morning	Joint meeting of FC and Board of COHRED
	Afternoon	Meeting of FC
	Evening	FC dinner
15 March 2006	Morning	Meeting of FC
	Afternoon	Meeting of FC
	Evening	Depart at 17.00

* Note: originally, the dates 14-16 March 2005 were set for this meeting, but were subsequently brought forward by one day at the request of the FC Chair and following email consultation with FC members.

Foundation Council and STRATEC meeting: 2–4 November 2006, Cairo, Egypt

2 November 2006	Afternoon	STRATEC meeting
	Evening	FC dinner
3 November 2006	Morning	Meeting of FC
	Afternoon	Meeting of FC
4 November 2006	Morning	Meeting of FC

STRATEC meeting: 14–15 June 2006, Geneva, Switzerland *NB tentative dates and place!*

14 June 2006	Morning	STRATEC meeting
	Afternoon	STRATEC meeting
	Evening	STRATEC dinner
15 June 2006	Morning	Meeting of STRATEC
	Mid-day	STRATEC Lunch
	Afternoon	Depart at 14.00

Global Forum for Health Research

Executive Director's Report to Foundation Council
September 2005

1. Introduction

Introducing the first Executive Director's Report to Foundation Council in November last year, I commented that 2004 had been a year of transitions in the life of the Global Forum for Health Research since I had taken up my position in January 2004. It was a year marked by transitions in the leadership and in the management structure; in the image that the organization presents to the world; in how it tries to work with others to achieve its goals; and, most importantly, transitions in the focus of the Global Forum's work and in the targeting of its messages.

Since then, the last 10 months has been a period of intensive efforts to build further on the firm foundation laid by my predecessor, Louis Currat; efforts to sharpen the focus and increase the impact of the Global Forum's work; efforts to sustain our core messages over the long term while keeping them sounding fresh and urgent; and at the same time diversify and broaden the appeal with new messages and engagement with new stakeholders as we move ahead in the second phase of the Global Forum's existence.

So, 2005 has been a year of building, involving strengthening the foundations, refurbishment and renewal, adding new stories, putting in services, and building bridges.

I am immensely grateful to all the staff of the Secretariat at the Global Forum for their very hard work, dedication and commitment – it is they who have provided both the building materials and the construction skills out of which it has been possible to fashion all that I will describe to you in my report. I would also like to acknowledge the continuing support, encouragement and advice we have received from Foundation Council members and especially the Chairs of Foundation Council and STRATEC.

2. Research and Programmes

The Research and Programmes Unit has made progress during the last year on a number of portfolios that it has been pursuing to address imbalances in health research and some new portfolios have been added:

2.1 Tracking Resource Flows

In November 2004 we published the second edition of *Monitoring Financial Flows for Health Research*, updating and extending the information provided in the first edition in 2001. Since last November, work has been progressing on a range of activities aimed at building our capacity to be a regular and reliable source of information and analysis concerning global spending on health research. This has included:

- Building the database systems to acquire, store, manage and manipulate data from diverse sources in preparation for the next volume. This is planned for 2006 and biennially thereafter, since the cycle of available data on global health research expenditures spans about 2 years. An assistant statistician, Jean-Jacques Monot, was taken on to support our statistician in this work. He has worked with our external consultant, Alison Young (who formerly worked on the OECD database in Paris) on ensuring the transferability of OECD data; on the general updating of our Resource Flows Database, and also strengthening our capacity to examine specific topics in greater detail. This element is focusing initially on filling in data gaps concerning expenditures on research on malaria, TB and HIV/AIDS.

- In the years in between these biennial publications that are monitoring the global picture, we will produce an intermediate volume which will focus on several specific topics concerning the origins and uses of resources for health research. Wherever possible, this work is being conducted through collaborations with external groups that have specific interests and expertise. This approach minimizes the amount of work we have to do ourselves, draws on the data and skills present in other organizations and helps to encourage them to make the generation of resource flows information a regular part of their own activities. Preparations are now well under way for the 2005 volume, which will focus on areas including:
  - funding from bilaterals (with Caryn Miller)
  - funding by developing countries (summary of Rockefeller project)
  - funding for HIV/AIDS vaccine R&D (with IAVI)
  - funding for malaria research (with MMV)
  - funding of product development public-private partnerships (with Mary Moran, LSE Pharmaceutical R&D Policy Unit)
  - funding for basic research relevant to health (with Donald Light, University of Medicine and Dentistry, New Jersey)

  A further project we are funding with Donald Light (Professor of Comparative Health Care Systems and Pharmaceutical Policy at the University of Medicine and Dentistry, New Jersey) involves making an independent assessment of the costs of R&D for new drugs, which will be published as a separate paper in an international journal.

- Studies on country resource flows in Brazil, India, South Africa
  This project has been conducted with US$ 100,000 of additional funding provided by the Rockefeller Foundation, and has been carried out in collaboration with the Council on Health Research for Development (COHRED). Workshops were held in all three countries in the period February-March 2005. Objectives of the workshops were:
  1. To secure local participation in a survey of health research expenditures in each country, identifying a team of experts in the country to carry out the survey.
  2. To discuss a draft survey questionnaire and necessary adaptations for application in each country.
  3. To discuss a sampling frame of key players in health research in the country and sources of data for adding to the sampling frame.
  4. To reach agreement on the roles and responsibilities of country-level team members and on the timelines and deliverables for the project.

5. To encourage the participants to use the project as a basis for establishing an ongoing system of data collection on country-level expenditures on research for health.
6.

Since these workshops were completed, work has been progressing in all three countries with the intention that a preliminary set of data from each would be available to report at Forum 9. However, work in India has been somewhat behind schedule due to complexities in securing in-country approval for the project. We anticipate that funding for the work in India may need to be carried over into next year.

Establishing an ongoing, sustainable system for data collection on expenditures on research for health will require buy-in from the Ministry of Statistics. This is likely not to happen in any of the countries this year. Considerable efforts will be needed – both in-country and throughout the UN Statistical system – to make this a reality. Country R&D surveys in South Africa and in Brazil are well established and can be used as a sound starting point for the establishment of a specific survey on expenditures on health R&D.

An unexpected outcome of the work in India, South Africa and Brazil, was a decision by Mexico to adopt the methodology developed for the work in those countries and to carry out a survey in Mexico. An MOU has been drafted and work is ready to get underway. The work carried out in Mexico may prove to be an effective model for taking this work forward elsewhere.

- Ellison Institute for World Health at Harvard University
  This Institute was recently established with a US$ 120 million grant from Larry Ellison of Oracle. Its Director, Chris Murray, has been holding a series of consultations about its programme of work. The Global Forum was invited to a consultation held in July 2005 to discuss the development and strengthening of National Health Accounts (NHAs), and it appears possible that sub-accounts on health research could be included in the NHAs. This may prove to be the most viable long-term solution for ensuring the systematic annual collection and reporting of country data on health research expenditures. Follow-up discussions will be held with the Ellison Institute and with regional groups supporting the implementation of NHAs.

2.2 Priority Setting

Work has continued on the development and application of methods and tools for priority-setting in health research. Following the first full publication last year on the development of the Combined Approach Matrix (CAM), we have continued to encourage the applications of the CAM in a wide range of settings.

- A project 'Supporting the research priority setting process in Colombia using the Combined Approach Matrix' was completed. The results of this project were used for formulation of the 'Strategic Research Plan 2005-2009' for the Government of Colombia.
- In October 2004, the Ministry of Health of Mexico and the Canadian Institutes of Health Research signed an agreement for collaboration to support a five-year programme of research on tuberculosis, in which each country is allocating US$ 400,000 to the work. Andres de Francisco participated in one of the first activities under this collaboration -- a workshop in Mexico on priority setting for research on tuberculosis, 12-13 April 2005,

undertaken jointly with the Ministry of Health, Mexico and aimed at setting priorities for the 'Sectoral Fund of Research in Health and Social Security'.

- We have also continued the exploration of the gender dimension in the use of the Combined Approach Matrix:
  - Following last year's experiment in which small teams of experts were invited to test the applications of the CAM to priority setting for research on maternal mortality and HIV/AIDS, a manuscript has been prepared for publication describing these two applications and drawing attention to the importance of inclusion of gender analysis in research priority setting.
  - As the second phase of this experiment, two country workshops have been planned to field trial the use of the CAM with gender analysis incorporated. The first workshop will take place in Delhi immediately after Forum 9, on 19-20 September, on 'Gender Perspectives in Setting Research Priorities for HIV/AIDS in India'. The second will be held in either Africa or Latin America within the next half year.

As the Combined Approach Matrix gains increasing use, attention is being turned to the question of what further work can be done by the Global Forum to assist evidence-based priority setting for health research in a variety of international and local settings. Discussions have been initiated with COHRED, which has pioneered participatory processes for priority setting for health research at the country level, and with the Child Health and Nutrition Research Initiative (CHNRI). CHNRI has built on priority setting methodologies to tailor a specific framework for use in child health research (presented at Forum 9). We will be exploring whether collective action is now possible to develop the next level of synthesis and application, to encourage more evidence-based priority setting in the focus of health research and the resources allocated to it.

Working with HIROs

For some years, the Heads of International Research Organizations (HIROs) from about 15 leading research agencies of developed countries, including the USA, Canada, Australia, New Zealand, Japan and some European countries, have met regularly for private discussions. At their meeting at the NIH-USA in November 2004, HIROs decided to explore the possibility of establishing collaborative action to address some global health challenges. The Global Forum was invited by the MRC-UK to help plan, organize and facilitate the next meeting of HIROs, which took place in London on 12-14 June 2005. We also helped select speakers and African participants (which included Andrew Kitua) and, with the assistance of a consultant, to conduct a small survey among HIROs to try to establish what resources they were devoting to research on developing country health problems. This small piece of work was funded by a grant from the MRC-UK.

This was the first time HIROs had engaged in a public consultation and the focus was on developing collaborative action on the health challenges facing Africa. At the end of the London consultation, HIROs held their regular private discussion and we have subsequently been informed of two important decisions that were taken:

- HIROs will establish a collaboration, the initial focus of which will be on research capacity strengthening for health research in Africa;
- HIROs recognized the importance of improving their ability to track how much they spend on developing country health problems. The Global Forum has been offered a further small contract to work with the MRC-UK to develop an agreed methodology for

doing this. A meeting with facilitators from each of the HIROs group of international research organizations will take place in London around October to agree on definitions, categories and standards.

2.3 Research Capacity Strengthening

During 2003, the Foundation Council approved the initiation of a project to help stimulate and promote research capacity strengthening (RCS) in developing countries and the first exploratory work began during 2004.

Advantage was taken of a student internship in mid-2004 to initiate a preliminary literature review of what had been achieved in the previous couple of decades of international efforts in RCS; and interviews were held with some senior agency representatives in Geneva to identify their current priorities and preoccupations in RCS. This intern project identified the need for a full and detailed review of the field which would help to provide a baseline for moving forward. We therefore commissioned a consultant to do this: the result is a monograph which has just been published, entitled 'No development without research: a challenge for capacity strengthening'.

At the same time, we were also engaged in tripartite discussions with COHRED and the Special Programme of Research, Development and Research Training in Tropical Diseases (TDR) which have led to an agreement to work jointly on research capacity strengthening, as a partnership entitled 'Strengthening Actions for Research Capacity (STAR)'.

- As a first step, an informal consultation on research capacity strengthening was convened in Geneva on 18-19 August by the Global Forum on behalf of the partnership. COHRED, the Global Forum and TDR jointly organized the meeting, which brought together a group of 18 experts to consider how to move forward in a coordinated fashion.
- One outcome is that the Global Forum is commissioning five analytical pieces of work identified by the participants in the consultation.
- Preliminary planning is underway for a major consultation on action to strengthen RCS, on which TDR will lead next year.

The literature review, analysis and consultation have all pointed to the central importance of a framework for RCS which will ensure the linkages between resourcing, conducting and utilizing the results of health research. Such a framework is provided by the concept of a health research system, and one vital element of this is the issue of the use of research results by policy-makers. During 2005, the Foundation Council approved funding for a project to better understand policy-makers' needs and the barriers to their use of research. This project, 'Exploring demand for health research by national policy-makers: an empirical approach', is being conducted in collaboration with WHO-EMRO who are providing part of the funding. It is beginning with a pilot phase to refine the methodologies and questionnaires to be used, and will be completed by the end of 2006.

An intern from Duke University was also involved in the activities in RCS for a three-month period in mid-2005.

2.4 Mental and neurological health

The Mental Health project 'Mapping of research capacity in low- and middle-income countries' was initiated in June 2004 and will be completed by the end of 2005. The work, involving two centres in each of three regions, has been undertaken jointly by WHO and the Global Forum.

- So far, one final report has been received and the five remaining reports are expected soon. Monitoring activities show that all six teams have completed the objectives of mapping of actors and research agendas. Five teams are currently still working on the process of priority setting and factors which impact on the utilization of research results, as well as drawing recommendations.
- WHO (Mental Health: Evidence and Research) has agreed to continue collaborating with the Global Forum and to contribute to a global analysis of the mapping of research capacity in low- and middle-income countries.

2.5 Sexual and Reproductive Health

A concept paper on sexual and reproductive health (SRH) was approved by the Foundation Council in 2005. This indicated that the Global Forum should play an advocacy role in highlighting specific neglected areas of SRH research and priorities for research; provide a forum for discussion of research-related SRH issues, and track resources for SRH research.

As a preliminary activity, it was decided to update a review originally written by Andres de Francisco in 1998 for the Special Programme in Human Reproduction (HRP), on the status of reproductive health in developing countries. This would provide a baseline for future work to map the research agenda for SRH and track research resources. A consultant was commissioned to carry out the updating and collaboration was established with HRP. Following HRP's inputs to the work in progress, discussions are now under way to see how to round out and finalize the draft review and produce a joint publication. We hope then to work in collaboration with HRP, to define the research agenda for SRH and advocate for increased attention to this area – which is unfortunately increasingly neglected, as reflected in the current crisis in HRP's own funding.

The Executive Director made a presentation to HRP's Policy Coordinating Committee at the end of June 2005, to inform them about the outcomes of Forum 8 and the directions of the Global Forum's developing work on promoting SRH research.

The Executive Director chaired a Health Minister's lunch during the week of the World Health Assembly, co-convened by the Global Forum, the Millennium Project and the Commonwealth Medical Trust. This was attended by about 10 Commonwealth Health Ministers and was organized to raise awareness and support for increased attention to sexual and reproductive health and health research.

2.6 Equity

The 'Equity and Health Research' portfolio is one of the new activities that the Global Forum has introduced in the last year and that builds on the strong tradition of attention to gender

issues that the Global Forum has established. Following approval from the Foundation Council in March 2005, work has been initiated on several linked activities:

'BIAS FREE' Framework

This Framework, developed by Mary Anne Burke and Margrit Eichler from the University of Toronto, has been designed to enable health researchers to systematically detect and take account of biases that may arise from discrimination due to a range of factors including gender, race, class or caste, ethnicity, religion, geographical location and ability. Preliminary work to examine the Framework from the Global Forum's perspective included a workshop in January 2005, involving staff of the Global Forum, Margrit Eichler, staff from the gender unit of WHO, World Council of Churches staff with equity portfolios, and representatives from other NGOs and disabled person's organizations working on equity issues. This was followed by a further consultation at the same venue involving some Global Forum staff, Ilona Kickbusch, health researchers, and gender, disability, class, caste and race experts from high- and low-income countries. Three strategic areas of focus for the Equity portfolio were identified and subsequently developed for the concept paper presented to STRATEC. These included: 1) *BIAS FREE* Framework, methodology, training instruments and applications; 2) Social determinants of health; and 3) Instruments to measure and monitor equity in health and health research.

In accordance with the recommendations received from the Foundation Council and STRATEC after review, modification and approval of the Concept Paper:

- A paper describing the Framework has been submitted to a reputable peer-reviewed health journal for publication;
- Experimental work to evaluate the potential use of the Framework has begun: Mary Anne Burke introduced the Framework at an IDRC Meeting on 'Governance and Equity in Health Research' in Senegal, 25-29 April 2005. Participants included more than 80 IDRC research partners from Africa, Latin America, Canada and Asia, and Sylvia de Haan, COHRED. Valuable opportunities for future collaboration were identified and researchers from the IDRC meeting are currently involved in work on the BIAS FREE Framework, social determinants, and indicators projects and in making presentations at Forum 9.
- Mary Anne Burke also conducted a workshop in Tanzania involving members of the Tanzanian health research community and the African Health Research Forum, in which the Framework was well received. Results of the Tanzanian application were presented by participants at Forum 9 in Mumbai.

Collecting the evidence on biases

Work is advancing on the design of an interactive web-based database, for the collection and dissemination of examples of bias in research and policy-making for health from around the globe. The first phase of design for data input has been completed and design is under way of forms for data extraction. Test sites are being arranged where training will be provided and which will test the functioning of the collection system.

To enable the Global Forum to further broaden its reach in its equity work, a review has been conducted to identify networks and organizations involved in equity-seeking work, particularly in LMICs.

Health promotion and the social determinants of health

The 6th Global Conference on Health Promotion, organized by WHO, took place in Bangkok on 7-11 August 2005. In preparation for Bangkok, the Global Forum convened a small consultative workshop in early June, for which a consultant prepared a background paper analysing the contents and trends in approaches of the various Health Promotion Charters that have emanated from this series of Global Conferences. Mary Anne Burke attended the Bangkok conference and contributed to the international debate, bringing the Global Forum's perspectives on equity and the need for greater attention to health research. The finally negotiated Bangkok Charter contains a reference to health research.

Measures and indicators

Forum 8 highlighted concerns about the appropriateness of the Disability Adjusted Life Year (DALY) as a measure of burden of disease. The Global Forum seeks to play a catalytic role in the international debate on this topic, by providing a forum to bring together researchers and other stakeholders involved in the construction and use of the DALYs and those working on the development of new measures of health. A satellite meeting on DALYs and new health measures was organized in Mumbai just prior to the opening of Forum 9. Links are being established with networks and organizations involved in measurements of health and health equity.

An intern from Cambridge University has joined the Equity Team for a three-month period and is currently assisting with this portfolio.

2.7 Poverty

'Poverty and Health Research' is another portfolio that the Global Forum has introduced in the last year. In March 2005, the Foundation Council approved a concept paper on poverty and subsequent activities have included the following:

- A preliminary survey was conducted in April and May by Global Forum staff, to provide an overview of some of the main gaps in research on poverty and health. The review identified that some additional work is needed to clearly identify the priority research areas in the field of poverty and health.
- A 'Priority research agenda on poverty and health' project was proposed in June 2005 to STRATEC and approved. It is aimed at 'identifying priority research areas in poverty and health, as well as reporting on best practices of capturing resources for health that eventually lead to a high impact on the health of the poor'.
- A list of potential consultants and experts has been established, which will be further completed during Forum 9.
- A meeting has been held with the Coordinator of Pro-Poor Health Policies at WHO, to discuss collaboration with WHO and to seek its assistance in the identification of high quality consultants for the two studies to be commissioned.

2.8 Public-Private Partnerships

Following the winding down of the Initiative on Public-Private Partnerships for Health (IPPPH) at the end of March 2005, a new member of staff (Lakshmi Sundaram) was engaged to take forward some key activities on public-private partnerships for health. She has been

assisted on a part-time basis for a transitional period by Karin Holm who had worked for IPPPH. An intern from Duke University was also involved in this activity for a three-month period in mid-2005.

- The Secretariat is presenting a concept paper and proposals for work on PPPs for discussion at the STRATEC/Foundation Council meetings in Mumbai.
- One of the proposed activities is to bring up to date the online PPP database that was developed by IPPPH and to find a suitable group to take on the management and maintenance of this resource. In the few months since the Global Forum took up its work on PPPs, it has become clear that there is a continuing interest in the PPP database. Despite the fact that it is now considerably out of date, the Global Forum continues to receive 20-30 new applications from potential registrants each month. Furthermore, the newly formed PPP team has received numerous requests for information and advice on issues surrounding PPPs from a variety of researchers.

Under the Executive Director's Initiative Fund, an opportunity has been seized to acquire some key information, products and expert advice on product-development PPPs in the health field (PD-PPPs), through the provision of some funding to the Pharmaceutical Policy Research Unit headed by Dr Mary Moran at the London School of Economics. Under this project, the Global Forum is being provided with:

- A detailed survey and analysis of the work of PD-PPPs, including information on resource flows, performance metrics and product pipelines. Dr Moran presented some of her work at Forum 9;
- A chapter analysing the resourcing of PD-PPPs for the Global Forum's 2005 volume on financial flows;
- A contribution to the series on 'Policies for Health Research' being undertaken in collaboration with COHRED;
- Consultancy/advice from Dr Moran and her group, both for the PPP portfolio and the work on Tracking Resource Flows.

2.9 Initiatives and Networks

The Global Forum for Health Research continues to work closely with a number of initiatives and networks which it has helped to generate and incubate, to assist them in various ways depending on their different stages of evolution, circumstances and directions of movement. The following summarizes some of the key events and activities during the last year that have involved the Global Forum:

Winding down of the Initiative on Public-Private Partnerships for Health (IPPPH)

IPPPH ceased most of its activities in December 2004 and was fully wound down by the end of March 2005. Its remaining assets were transferred to the Global Forum which has undertaken work, with the assistance of former IPPPH staff, to ensure that all remaining commitments to activities, reports and products funded at IPPPH were fully completed.

Progress towards legal independence from the Global Forum

Initiative for Cardiovascular Health in Developing Countries (IC Health)
IC Health has established a base for its operations in Delhi at the Centre for Chronic Disease Control, with Dr Srinath Reddy (India) as Honorary Coordinator and Professor Stephen Macmahon (Australia) as Chair. The Global Forum participated in IC Health's Board meeting (September 2005) and made available advice from our Legal Counsel on the process of establishment as a foundation in Switzerland. The Executive Director has assisted IC Health in obtaining a major World Bank grant to work on the economic impacts of noncommunicable diseases in developing countries.

Child Health and Nutrition Research Initiative (CHNRI)
CHNRI has established its Secretariat in the Centre for Health and Population Research in Dhaka (ICDDR,B). The Global Forum participated in CHNRI's 2005 Board meeting and made available advice from our Legal Counsel on the process of establishment as a foundation in Switzerland.

Alliance for Health Policy and Systems Research (Alliance)
The Global Forum participated in meetings of the Alliance Executive Committee (31 March) and Board (18 April). The Alliance has been examining options for its future and considering how best to establish a secure base for its operations after separation from its legal status as an initiative of the Global Forum. We have been part of the Task Force established to explore the options. Following discussions with WHO, there seems to be a distinct possibility that the establishment of a 'special programme' in Health Systems Research at WHO may be a feasible option within a couple of years. While this is being worked out, the Alliance is entering an interim phase based on a new agreement with WHO. The Global Forum has been invited to join its Board and continues to stand ready to do all it can to assist the process of creating a stable and productive arrangement that will continue to champion the important field of health policy and systems research.

Sexual Violence Research Initiative (SVRI)
The Global Forum has worked closely with the SVRI during the past year, holding monthly meetings with the project coordinator and supervisor to monitor progress and participating in meetings of the Steering Group.

Since its inception, this initiative has been housed in WHO as a project supported by the Global Forum. During 2005, a call for proposals was made for an institution in a developing country to provide a new home for the SVRI. The Global Forum participated in every stage of the tendering, review and decision-making process, which has resulted in the selection of the MRC in South Africa to host the SVRI. A proposal has been received from the MRC for funding for the SVRI for 2006, for consideration by STRATEC/Foundation Council at the Mumbai meeting.

Collaboration with other initiatives and networks

Global Network for Research on Mental and Neurological Health (GNRMNH)
The Global Network is legally independent from the Global Forum and is incorporated as a not-for-profit entity in the USA. Collaboration during 2005 has included discussions and guidance on funding and on the focus of the Network's activities.

Road Traffic Injuries Research Network (RTIRN)
The Global Forum participated in the RTIRN Board meeting (20-21 June). RTIRN is legally independent from the Global Forum and functions as a virtual network with a secretariat that can rotate from one location to another. A move is presently under way to transfer the secretariat from Johns Hopkins University, USA, to the University of Peradeniya, Sri Lanka, where a new Coordinator has been appointed.

There was a particular global emphasis on road traffic injuries during 2004, with World Health Day being devoted to road safety. The Global Forum collaborated with RTIRN to commission and edit a special edition of a South Asian journal -- the Journal of the College of Physicians and Surgeons of Pakistan – on road traffic injuries and research. This work, led for the Global Forum by Abdul Ghaffar, was published in December 2004 and we have assisted with the purchase and dissemination of copies of this product. This has contributed both to raising awareness of this under-researched issue and to capacity building and enhanced recognition for the journal.

Abdul Ghaffar also participated in a WHO-EMRO regional consultation on Road Safety, held in Oman.

As well as engaging with each individual initiative or network, the Global Forum has continued the work begun in 2004 to stimulate collective activities. We convened the second meeting of the managers of all the initiatives and networks in Geneva in June 2005, and COHRED was invited to join this meeting as a new close collaborator within the 'family'. The meeting shared information on the activities and directions of each organization, progress that some of the initiatives were making towards legal independence and the ensuing challenges for governance and funding, and there was a very stimulating discussion about evaluation of performance (both the Alliance and COHRED have undergone evaluations in the last year and the Global Forum's second evaluation was in the design stage) and about the challenging issue of indicators of impact. It was agreed to continue holding these annual meetings – preferably with rotation of place and convenor and with at least one substantive item each year to form the basis of a seminar and discussion.

3. Forums and other meetings

The Meetings Unit takes overall responsibility for arranging all meetings of the Global Forum, whether in Geneva or elsewhere, including all arrangements for travel, accommodation and meeting facilities. In addition to supporting the numerous workshops, meetings and events referred to elsewhere in this report, the Meetings Unit leads the annual preparations for the Forums, entailing travel to inspect, select and arrange the venues and

local facilities and substantial negotiations with providers of services; direct communications with all participants and management of the entire conferencing process for each event.

Forum 8

Post-Forum work following last year's meeting in Mexico City included:

- Production of the Forum 8 Report: this was written by Beverly Stearns and published in February 2005.
- Production of the collected presentations, abstracts and papers from Forum 8, as a CD and web-accessible archive.
- Finalization of the accounts with the hotel and events organizing company in Mexico City. This proved to be an exceptionally long and difficult process and we are very grateful to the Ministry of Health, and especially to Francisco Becerra, for assistance in bringing matters to an acceptable conclusion.

In addition to the publication of the Forum 8 Report and CD, dissemination of the outcomes of Forum 8 has continued throughout the year. For example, the Deputy Executive Director attended a meeting in Antwerp on 24 November 2004, entitled 'Colloquium on European Science and Training for the Promotion of Health in Developing Countries: Networking the Networks'. His presentation summarized the main conclusions of Forum 8 and described the network activities of the Global Forum.

The Executive Director gave a seminar in January 2005 to the NGO Forum for Health in Geneva on 'The 10/90 gap in health research and the MDGs'; and a presentation on 'Health research is vital to achieve the Millennium Development Goals' at the seminar organized by the NGO Forum for Health during the World Health Assembly in May 2005.

Forum 9

The call for abstracts for Forum 9 was developed shortly after Forum 8, in consultation with various partners including the networks and initiatives and COHRED. Following the suggestion from Foundation Council, an approach was made to the secretariat of the newly forming WHO Commission on Social Determinants of Health, to invite them to also be a partner in Forum 9. When the Commission was eventually launched and began formal work in March 2005, it decided it could not accept the invitation due to other commitments. Nevertheless, we received some valuable advice and suggestions from the secretariat, which continued to engage in our planning process and also assisted with securing one of the Commissioners to make an opening plenary presentation in Forum 9.

Overall, around 500 abstracts were received and were subjected to internal and external refereeing for quality and relevance. A panel of more than 50 referees assisted us with this mammoth task. The final programme was assembled from more than 300 offerings that passed these reviews.

At the time when the first provisional programme was drawn up, in June 2005, the composition of the presenters (oral plus poster) was 129 male and 105 female. A variety of cancellations and substitutions took place subsequently, leading to a final picture in which there were 112 male and 86 female presenters; 20 male and 17 female chairs. 145 of the 224 faculty originated from or were based in low- and middle-income countries.

This year, considerable support was provided to those attending Forum 9:

- We set a three-tiered structure for the participation fee. A top level of US$ 500, which represents the actual full cost of the conference package we provide, was set for those coming from high-income countries: a 50% discount fee of US$ 250 for those coming from middle- and low-income countries, and a special fee of US$ 100 for all participants from India.
- The Global Forum was able to offer full funding, covering travel, hotel and registration, to all oral presenters who required financing to attend. We were also able to offer full funding to all poster presenters needing support, whose abstracts scored at least 10/16 marks.
- The ICMR generously provided travel costs and registration fees for 70 researchers from its institutions around India, and to match this we provided the hotel accommodation for these people.
- INCLEN supported 80 of their members to attend Forum 9.
- In a collaboration with COHRED, Sida/SAREC provided funding for 15 people from Africa and Latin America to attend, and to complement this we funded 10 people who were designated by COHRED.
- We also, of course, provided funding for the majority of our Foundation Council members to attend Forum 9.

In total, therefore, well over 200 people received financial support to attend Forum 9 – amounting to about one third of the total participants in the meeting.

Forum 10

Planning for Forum 10, to be held in Cairo from 29 October to 2 November 2006, has been under way since mid-2004. The Executive Director and members of the Meetings Unit have made visits to Cairo since November 2004 and also held a meeting with Egypt's Minister of Health, Vice-Minister of Health and consular officials in Geneva during the 2005 World Health Assembly. The venue for Forum 10 has been chosen (Conrad Hotel, on the bank of the Nile in central Cairo) and working arrangements established with local conference partners including the Ministry of Health, an Egyptian Programme Advisory Committee and local events organizers.

In discussions with the Minister of Health, his officials and the Egyptian Programme Advisory Committee, the title 'Combating disease and promoting health' was agreed for Forum 10 and a design agreed for the initial posters and announcements for the event. The Call for Abstracts has been prepared in consultation with the Egyptian Programme Advisory Committee and COHRED and will be released at the conclusion of Forum 9. The Assistant Minister of Health, Dr Safa El-Baz, was invited to attend Forum 9 at our expense as an observer (together with a colleague who was unable to travel at the last moment) and was given opportunities throughout the meeting to see the various operational elements behind the scenes.

Forum 11

The Global Forum has now established a planning cycle in which Forum meetings are planned up to three or four years in advance.

Stephen Matlin and Kirsten Bendixen visited Beijing in May 2005 to establish working relations with the Chinese Ministry of Health. Following discussions with Ministry officials,

the Global Forum prepared a draft Memorandum of Understanding mapping out the proposed cooperation and this is currently under review by the Ministry. The dates we proposed for Forum 11 (29 October to 2 November 2007) have been accepted. Two hotels in Beijing were identified as being very good potential venues for the meeting and negotiations are in progress. Andres de Francisco began discussions with the Ministry during 2004 regarding the Forum 11 programme and he will continue these in October when he visits Beijing on his way back from a regional WHO-ACHR meeting in Manila.

Forum 12

It is expected that Forum 12 will be combined with a high-level meeting of policy-makers and will take place in Africa in 2008. Following the meeting in Mexico City, the WHO-AFRO regional office has been working to identify a host country for the next ministerial meeting on health research. According to the latest information, an initial field of at least eight candidates has now been narrowed to four (Burkina Faso, Mali, Mozambique and South Africa) and the Regional Director has been asked to reach a final choice by the time of the 2006 World Health Assembly.

At the Executive Director's suggestion, a meeting took place on 21 June 2005 to initiate discussions about the modalities for the 2008 meeting. WHO (Tim Evans, Tikki Pang), COHRED (Carel IJsselmuiden, Sylvia de Haan), the World Bank (Ok Pannenborg) and the Global Forum (Stephen Matlin, Andres de Francisco) participated and it was agreed that in 2008 there should be one meeting, combining Forum 12 with a ministerial meeting under one roof and with one comprehensive organizational structure involving partnership between the four agencies working together as the 'inner core'. The second meeting of this core group will take place on the evening of 17 September in Mumbai.

4. Communications and Information

The Communications and Information Unit works strategically to communicate our activities, products and messages in the best possible ways to multiple targets, using the most appropriate tools including website, traditional printed publications, 'mass' mailings, direct personal communication and so forth. The communication objectives are considered at the outset of every project of the Global Forum.

There are four distinct elements to its activities:

- It contributes to every area of the Global Forum's work that has any public output or content – including the design, production and distribution of paper and electronic publications arising from the Research and Programmes projects, and papers for meetings and workshops organized by the Global Forum;
- It maintains and develops its own communication projects and activities involving a range of electronic and print media;
- It provides information resources and tools for internal use by the Secretariat, including the resource centre and the database which contains information on about 10,000 people;
- It develops the images and branding that are associated with all of the Global Forum's products and activities, including the design of stationery, posters, website, conference materials, etc.

Many of the activities undertaken since Forum 8, including the Forum 8 report and CD-ROM, the concept, design and promotion of Forum 9, and preliminary work on Forum 10, are mentioned elsewhere in this report. Others include:

- Introduction of the new Global Forum website early in 2005 and its continued development;
- Preparations for replacement of the Global Forum's database with a new and improved one. This work is being undertaken in collaboration with COHRED so that the two organizations will share the same database after its introduction towards the end of this year.
- Management of the Global Forum's project which produces 'RealHealthNews' as a health research magazine in print and web-based formats. Paper editions were produced in March (Foundation Council meeting in Brazil), May (World Health Assembly) and September (Forum 9).
- Management of the Global Forum's project in collaboration with HIF-net to establish an email-based discussion forum on health research. An experimental month-long discussion on the theme of poverty, equity and health research was held in August 2005.
- Management of the Global Forum's project in collaboration with Pro-Brook Publishers, London, which produces the new annual flagship publication 'Global Forum Update on Research for Health' for release at each Forum.
- Design and production of a range of other publications. In addition to those mentioned elsewhere, these include the booklet by Lesley Doyal on gender, health research and the MDGs.
- Preparations for a number of publications that are planned or in the pipeline, including the next edition of the flagship '10/90 Report' due in April 2006.
- Continued co-coordination by Susan Jupp of a Communicators Forum of individuals responsible for communications in various health and health research NGOs based in the Geneva region.

The unit was strengthened by the addition of a writer/editor: Mark Wagner joined the Global Forum secretariat in May 2005. However the resignation of the Information Officer, Alina Pawlowska, has left a serious gap which has not yet been suitably filled.

In addition to the work of the staff of the Unit itself, many other staff contribute to the communications and information work of the Secretariat and especially to the representation of the Global Forum at various meetings and conferences. These representational activities, in which presentations are made and literature distributed, are an important element of the overall effort to deliver the Global Forum's messages and to influence a range of constituencies and actors. Among these activities during the last year have been:

The Executive Director participated in:

- the inaugural meeting of the Forum on Health Research in Argentina, in which the Minister of Health and several senior officials had spoken and a wide range of health researchers had taken part;
- a consultation for a new Master's Degree in Global Health at Simon Fraser University, Vancouver;
- the meeting in Geneva in April of the ACHR, now chaired by Judith Whitworth who has just joined the Foundation Council;

- a Workshop organized in Geneva by the Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH) on the theme 'Seeking Solutions: Developing New Treatments and Improving Access for Poor People' – also attended by Carlos Morel and Gill Samuels. The Executive Director chaired the sessions on the first day on Theme A: What are the current trends in terms of the global burden of disease and how should they inform R&D and financing priorities?
- a meeting in Granada, Spain of the COST B 22 Action programme of the European Commission, on 'Developing new drugs for parasitic diseases'.

The Executive Director and Deputy Executive Director both participated in the World Health Assembly, where Stephen Matlin gave a presentation on Health Research for the MDGs at the NGO Forum for Health, and Andres de Francisco spoke on 'Research on the Right to Health' at a lunchtime meeting organized by the People's Health Movement.

The Deputy Executive Director also participated in:

- a meeting in Mexico to set priorities for TB research in a joint Mexico/Canada programme;
- a Board meeting of IC Health in Brazil, held in conjunction with an International Conference on Cardiology;
- a consultative meeting of the Global Child Survival Partnership at the London School of Hygiene and Tropical Medicine, May 4-6 2005. This focused on a review of existing methods of child health resource tracking;
- the annual conference of the Global Health Council (GHC) in Washington DC, within which the Global Forum had co-sponsored the first GHC symposium focusing on health research.

Mary Anne Burke participated in the following:

- a meeting on 'Disability and Poverty Reduction: Including Disability in the Development Agenda' at the Inter-American Development Bank in Washington, D.C on 11-12 November, 2004. Participants included several ministers from Latin America and Asian representatives from Cambodia, Japan and Korea; officials from IADB, the World Bank, PAHO and key Disabled Persons Organizations (DPOs) recognized by the UN.
- the World Bank's second international disability and development conference: 'Disability and Inclusive Development: Sharing, Learning and Building Alliance' at the World Bank, 30 November - 01 December, 2004.
- gave a presentation on the BIAS FREE Framework at a Side Event to the UN Ad Hoc Committee Meeting on the UN Disability Convention, at the UN headquarters, New York on 1 February 2005, co-organized by the Global Forum, Ontario Institute for Studies in Education (OISE) at the University of Toronto, and the World Union of Users and Survivors of Psychiatry. This provided valuable feedback on the Framework and generated interest in it among the international community working on disability-related issues; leading to a subsequent invitation to assist with UNESCO's flagship on disabled persons in exploring the impact of education-related policies and practices on the health and well-being of disabled persons, the role of education as a key determinant of health, gaps in research, research instruments and data.

- a meeting on 'AIDS and the Ecology of Poverty' in Geneva, 25 May 2005. The research presented is being integrated into current work on HIV/AIDS within the BIAS FREE Framework project.
- a briefing with IFPMA and COHRED, to inform IFPMA about the work of the Global Forum relating to PPPs and Resource Flows, to become better informed about IFPMA activities as they relate to these two files; and to explore areas for future collaboration;
- a meeting in Paris on 25-26 July 2005 of the UNESCO Flagship on Disability: Statistics and Indicators. This meeting identified key principles and conceptual and methodological issues that need to be addressed in work on the development of equity measures and indicators.
- A meeting at the WHO EURO Venice Office, 29 August 2005, to exchange information and explore areas for collaboration, in particular relating to the Commission on the Social Determinants of Health and equity indicators and measures. A number of areas for collaboration were identified, not only for the Resource Flows and Equity portfolios, but also for the portfolios under the direction of other Global Forum staff.

Abdul Ghaffar participated in the following:

- a meeting hosted at the London School of Hygiene and Tropical Medicine, to brainstorm about the possibility of starting a Special Programme for Health Policy and Systems Research at WHO;
- a meeting of the WHO-EMRO regional Advisory Committee for Health Research in Cairo, 14-15 March 2005, where he gave a presentation on the work of the Global Forum and discussed areas for possible collaborative action and the development of a research agenda for EMRO.
- a WHO consultation on child injury, Geneva, 31 March - 1 April 2005;
- a WHO-EMRO meeting on 'Road Safety and Injury Prevention' in Oman, 16-18 May 2005, during which he gave a presentation on the Combined Approach Matrix and then facilitated the research priority setting session.
- 2nd Conference of SAARC Health Ministers, in Islamabad, 15-16 July 2005. He gave a presentation on 'Improving health in SAARC countries through health policy and systems research'.
- an Indo-EU dialogue meeting on public-private partnerships to develop appropriate and sustainable health care systems, Paris, 8-9 September, IUHPE Roundtable.

Susan Jupp

- took part in a one-day meeting in London, organized by MSF, on public-private collaborations (June 2005)
- will go from Mumbai to the health information meeting ICML9 in Salvador da Bahia, Brazil.

Sylvie Olifson

- attended the Second People's Health Assembly in Cuenca, Ecuador, organized by the People's Health Movement (PHM).
- just prior to this meeting, the Global Forum for Health Research and the Faculty of Medical Sciences of the University of Cuenca co-sponsored a 'Worldwide Conference of Researchers in People's Health', attended by 120 researchers including 21 speakers from 17 countries. Sylvie Olifson presented on 'The case for further research on poverty and health' and also gave a speech in the closing plenary. A Declaration was agreed upon

during the closing plenary, which was distributed to delegates at the Second People's Health Assembly. The Steering Committee of the Latin American and Caribbean Health Research Forum (supported by the Global Forum) was able to meet and agree on a position paper that was presented during that international conference for feed-back.

Lakshmi Sundaram

- attended part of the Indo-EU dialogue meeting on public-private partnerships to develop appropriate and sustainable health care systems, Paris, on 8 September, IUHPE Roundtable.

5. Collaboration with other agencies

COHRED

A highlight of 2005 was the signing of a Memorandum of Agreement between the Global Forum and COHRED, which took place during the March meeting of the Foundation Council in Rio de Janeiro.

A detailed report on the progress of this collaboration is provided in the paper for the Foundation Council discussion on 17 September. Joint activities have included: regular monthly meetings of senior staff to discuss, plan and monitor collaboration; active engagement in joint work on projects such as tracking resource flows, research capacity strengthening and priority setting; joint publications, including the planning of the 'Policies for Health Research' series; joint work to develop the specifications for a new database that will serve the needs of both organizations; and joint applications for funding. Thus, this collaboration is both intensive and extensive, involving activities at all levels from the Directorates down, and it includes areas of planning, programme and project work, communication and information, administration and finance. The collaboration is progressing at a measured pace that is determined by the capacities of the two secretariats as well as by the steady evolution of ideas and of understanding of each others roles, missions and objectives.

WHO

We continue to give a great deal of attention to the many different kinds of engagements that we undertake with the World Health Organization. Highlights of the last year include:

- Participation in presentation and discussion sessions hosted by EIP and RPC on the evolution of their strategic plans for research coordination within WHO as part of the new 10-year General Programme of Work;
- Participation in the meetings of the governing bodies of WHO, TDR and HRP and in the ACHR meetings at global and regional levels;
- Membership of the review committee established by the Chronic Diseases Cluster for the preparation of its new flagship publication on chronic diseases;
- Collaboration with the departments concerned with mental health, disability, health promotion, gender and health;
- Establishment of a working group with COHRED, WHO and World Bank to prepare for the 2008 meeting in Africa;

- Establishment of a tripartite collaboration with COHRED and TDR on research capacity strengthening.

6. Finance and administration

Organization and management

Improvements to the organizational arrangements in the Global Forum made during 2004 have continued to settle in and to contribute to better overall efficiency:

- The flexible use of the three administrative assistants has enabled effort to be focused where it is most needed and to give support to the work of the professional staff.
- The development of cross-unit teams to work on specific activities has enabled many of the projects to proceed more smoothly and with stronger inputs at all levels.
- The Management Team (Executive Director and Deputy, heads of Finance and Administration, Communications and Information and Meetings Units, and Administration Manager) has functioned very effectively as a channel for decision making, advice, trouble shooting and information flow.

During the last year, David Hayward and the Finance and Administration Unit participated in/worked on the following:

- Completion and publication of the Operations Report 2004
- Completion and successful outcome of the Audit for 2004
- Support for the successful new application for funding to Development Cooperation Ireland (joint with COHRED): Ireland becomes a contributor in 2005 with EUR 125,000 for each organization
- Support for discussions and applications involving other new (Mexico) and existing donors concerning grant renewals
- Support to all other units and activities in the Secretariat requiring the monitoring and management of finances and provision of financial information.

Governing bodies

In addition to new members joining the Foundation Council at the November 2004 meeting in Mexico City, two further new members (Nelson Sewankambo and Judith Whitworth) were elected there and joined the Council in 2005.

The March 2005 meeting of the Foundation Council in Rio de Janeiro was a highlight of the year and broke new ground in several respects. It was the first time that this March meeting was held in a developing country and the first time that the Secretariat mounted an Induction Seminar for new (and some old) members to give them a rounded understanding of the work of the Global Forum. Most importantly, the Foundation Council meeting was preceded by a National Seminar on health research in Brazil, an extremely stimulating event organized by Carlos Morel, which provided a deep insight into how an innovative developing country is meeting the challenges of expanding its R&D capabilities to provide for its own health needs.

Second External Evaluation

Following the decision by the Foundation Council that the Second External Evaluation of the Global Forum should take place towards the end of 2005, and the establishment of an Evaluation Subcommittee (co-chairs Carlos Morel and Mahmoud Fathalla, other members Jie Chen, Andrew Kitua, Ok Pannenborg, Berit Olsson), the Secretariat has assisted the Subcommittee with the preparation of the Terms of Reference and the identification of three evaluators: Vis Navaratnam (M, Malaysia), Piroska Ostlin (F, Sweden), Victor Penschazadeh (M, Argentina). Two of the three evaluators were able to attend Forum 9 and begin work there. Vis will chair the team, and they are expected to deliver their report in time for the March 2006 meeting of the Foundation Council.

Financing

As approved by the Foundation Council in November 2004, the Global Forum budget for 2005 was set at a level of US$ 3.7 million and the reserve level at US$ 3.0 million. Achieving this would mean that additional sources of income would be needed to supplement the 2004 level of income and the Secretariat undertook to operate overall a balanced budget by adjusting the work programme in line with income.

The currently predicted outcome for 2005 is that net finances available for the Global Forum to spend in 2005 will be close to US$ 4.0 million. This is made up from:

- An increased core contribution received in 2005 from the Rockefeller Foundation
- New core contributions initiated in 2005 by the governments of Mexico and Ireland
- Project funding received from the Rockefeller Foundation and MRC-UK
- Transfer of the residual funding held at the closure of IPPPH
- A better than predicted out-turn at the end of 2004, which raised the level of reserves to nearly US$ 3.5 million.

The 2005-2007 Strategic Plan approved in 2004 proposes a budget for 2006 of $4.4 million. Current predictions based on known, probable contributions are that the income for 2006 will be in excess of $5 million. The Secretariat will continue to prudently manage the flow of income and expenditure to aim overall at a balanced budget each year. We will continue to seek new and more diverse sources of funding for the work of the Global Forum to ensure that the organization remains robust and to limit its vulnerability to sudden shocks.

Membership of Foundation Council

Background

The following positions on Foundation Council required consideration during 2005:

Berit Olsson – In line with the decisions of Foundation Council and the wishes of Sida, Berit will remain a member of Council as Sida's representative, at least until the end of 2006.

Nirmal Ganguly – due to step down at the end of Forum 9. His replacement should be found from among the research institutions in Asia.

Andrew Kitua – due to step down as a Research Institution representative from Africa at the end of Forum 9. A possible replacement could be found within the newly formed East-African Research Council.

*Adolfo Martinez-Palomo** – due to step down as a Research Institution representative from Latin America at the end of Forum 9.

* Foundation Council has approved the proposals for donor agency representatives, which include provision for up to five donor representatives of multilateral agencies and high-income countries; three donors representatives of low- and middle-income countries; and one representative of donor foundations. As Mexico has become the first middle-income country donor to the Global Forum, they can be considered to be invited to provide a representative on the Foundation Council. The Minister of Health, Mexico, has nominated Adolfo Martinez-Palomo to be considered for this appointment.

Vacancies

There are thus three vacancies to be filled, for new Foundation Council members from Research Institutions in Africa, Asia and Latin America, respectively. Since the sex ratio on the Council is currently very close to 50:50, ideally at least one of the three chosen should be male and one female:

(i) Representative of health research policy-makers, including those working in the field of research institutions, from Africa. Foundation Council encouraged that nominations should include health research policy-makers associated with the newly formed East-African Research Council.
(ii) Representative of health research policy-makers, including those working in the field of research institutions, from the Asia/Pacific region.
(iii) Representative of health research policy-makers, including those working in the field of research institutions, from Latin America.

In addition, there is currently no representative of the foundation/not-for-profit organization constituency that are donors to the Global Forum. The only such agency at present is the

Rockefeller Foundation and the Foundation Council may wish to consider inviting it to nominate a representative.

Research Institutions – Nominations

Foundation Council members were invited to nominate suitable candidates for the Research Institutions constituency and, in each case, to supply a short CV and secure the agreement of candidates that they would be willing to serve if elected. In the event, about a dozen nominations have been received from several Council members, but were rarely accompanied by a CV or statement of willingness to serve. A couple of the proposed candidates proved to be unsuitable as it transpired that there would be a conflict of interest (e.g. membership of the Board of one of our current Initiatives) or they were not currently located in the correct geographical region. The Secretariat has acquired brief bio-sketches of the remaining candidates and has been attempting to contact them for detailed CVs and for their willingness to serve if elected.

The list of proposed candidates, grouped alphabetically by region, is given in the table below, followed by their brief bio-sketches.

Nominee	Sex	Country	Nominated by
Africa			
KOHI Yadon	M	Tanzania	AK
LEKE Rose	F	Cameroon	MJ, MF
MUGAMBI Mutuma	M	Kenya	MF
Asia			
CHOWDHURY Mushtaque	M	Bangladesh	MJ
LUMBIGANON Pisake	M	Thailand	PS, MF
PANICH Vicharn	M	Thailand	MF
Latin America			
DIAZ Soledad	F	Chile	PS
VICTORA Cesar	M	Brazil	JW
GUIMARAES Reinaldo	M	Brazil	CM

Africa

KOHI Yadon
Professor Yadon Kohi is currently the Director General of the Tanzanian Commission for Science and Technology and a member of the newly formed East African Research Council. Educated in Medicine (FRCS) and Law, he has won a number of awards, most recently the 2004 Vice Chancellor's Award as Best LLB Graduate in the Open University of Tanzania. His main research field has been concerned with head injuries and neurotraumatology, on which he has published and lectured extensively, and he is a member of several international neurosurgeons' societies. He has served on a wide range of boards, councils and commissions

dealing with science, medicine and research. Among his several current appointments, he is Vice-Chairman of Tanzania's National Institute for Medical Research Council.

LEKE Rose
Professor Rose Leke, PhD, is Professor of basic sciences at the University of Yaounde, Cameroon and has worked extensively in immunology. She has served, or is currently serving, as a member of several international research committees, including the WHO-AFRO Research Policy and Coordination Committee, WHO-ACHR, and NIAID-NIH Immunology Focus Group.

MUGAMBI Mutuma
Professor Mutuma Mugambi is Vice-Chancellor of Kenya Methodist University MERU, Kenya. His training is in medicine and his research has included neurophysiology, reproductive physiology and the cardiovascular system. He has served as Director of the Kenya Medical Research Institute and has been an adviser or consultant to many international and regional bodies and agencies. He is currently Executive Secretary of the African Health Research Forum (AfHRF).

Asia

CHOWDHURY Mushtaque
Dr Mushtaque Chowdhury, PhD, is Director of the Research and Evaluation Division of BRAC in Bangladesh and Dean of the newly established BRAC School of Public Health. He played an important role during the broad introduction of Oral Rehydration Therapy (ORT) by BRAC in Bangladesh, and is a recognized expert on community-based health care for diarrhoeal diseases, Directly Observed Therapy Short Courses (DOTS) for tuberculosis, HIV/AIDS, immunization, as well as prevention programmes in sexual and reproductive health in South Asia. He has also published extensively on the role of women in community-based health care, nutrition, primary education, and poverty alleviation. He has been a regular consultant to governments in South Asia and Africa as well as multilateral organizations.

LUMBIGANON Pisake
Pisake Lumbiganon is Professor of Obstetrics and Gynaecology and Director of the Clinical Epidemiology Unit at Khon Kaen University, Thailand. He trained at Mahidol University in Thailand and has a Masters in Clinical Epidemiology from the University of Pennsylvania. He is involved with various WHO reproductive health research projects and is a regional editor of the *WHO Reproductive Health Library*. As convenor of the Thai Cochrane Network, he is actively involved in disseminating the concept of research synthesis in Southeast Asia by working closely with the Cochrane Collaboration.

PANICH Vicharn
Professor Vicharn Panich was trained in medicine and was an international postgraduate student at the University of Michigan. He is a Special Advisor to the Thailand Research Fund and has a long and distinguished career in medicine, in research and in higher education. He has held several senior positions in Thailand universities, including the Membership of the Councils of several Thailand universities.

DIAZ Soledad

Dr Soledad Díaz is a cofounder and member of the Chilean Institute of Reproductive Medicine. She is a doctor and researcher in the area of reproductive health, including basic, clinical and health systems research. She has focused attention in the areas of family planning, breast feeding, the health of mothers and children during post-partum period, and the psychological and ethical aspects of research in human subjects. Dr Diaz takes part in numerous activities on research capacity strengthening in this field, is a consultant for WHO and a member of the Medical Panel of the International Planned Parenthood Federation. She has also taken part in workshops undertaken by international agencies, including the Population Council, Family Health International and Engendering Health.

VICTORA Cesar

Cesar Victora is Professor of Epidemiology at the Federal University of Pelotas in Brazil, which he joined in 1977 after obtaining his MD from the Federal University of Rio Grande do Sul (1976). In 1983, he obtained a PhD in Health Care Epidemiology at the London School of Hygiene and Tropical Medicine. He has conducted extensive research in the fields of maternal and child health and nutrition, equity issues and the evaluation of health services, which led to over 300 publications. He works closely with UNICEF and with the World Health Organization (WHO), where he is a consultant to the Department of Child and Adolescent Health and Development, and was a member of the Advisory Committee on Health Research from 2000-2004. Since 1996, his unit was designated as a WHO Collaborating Centre in Maternal Health and Nutrition. He is also an Honorary Professor at the London School of Hygiene and Tropical Medicine, International Associate Editor of the American Journal of Public Health, and Editorial Consultant at The Lancet.

GUIMARÃES Reinaldo

Reinaldo Guimarães is a physician by training and holds a Masters degree in social medicine, in which field he has taught and researched before moving towards planning, management and science and technology policies. He has served on numerous councils in Brazil and was director of Financiadora de Estudos e Projetos (Finep), a body of the Ministry of Science and Technology; a member of the Higher Council of Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes), a body attached to the Ministry of Education, as representative of the scientific community; Vice-Dean of Postgraduate and Research at Uerj; and a member of the deliberating council, researcher and consultant at the National Council for Technological and Scientific Development. He coordinated the Science and Technology committee of the Associação Brasileira de Pesquisa em Saúde Coletiva (Abrasco). He was also a member of the Ciência Hoje magazine board, published by Sociedade Brasileira para o Progresso da Ciência (SBPC). Today he is associate-editor of the Ciência e Saúde Coletiva magazine, published by da Abrasco, and member of the editorial council of Health Research Policy and Systems magazine, published by WHO. He recently assumed the vice-presidency of Research and Technological Development at the Oswaldo Cruz Foundation (FIOCRUZ).

Executive Director's Summary of activities in 2005

For the last two years, the Executive Director has provided a report on the previous 12 months activities at the Foundation Council meeting at the end of the Forum, with an update on activities since the Forum being presented at the March Council meeting.

This year, the order will be reversed: a written annual summary of activities and achievements in the previous calendar year (2005) is presented and will be supplemented by information on continuing work in the first part of 2006, while an update on activities and progress between March and November will be presented at the Council meeting at the end of Forum 10.

This change to making the main report in March means that the detailed yearly report can be aligned with the calendar year of the Workplan and Budget and will provide the raw material from which an Annual Report can be prepared for publication.

In January 2006, the Global Forum was asked to provide the World Bank with a "Summary of progress and achievements for 2005". This document is provided below and will be supplemented by a presentation by the Executive Director at the March meeting of the Foundation Council.

Global Forum for Health Research

Summary of progress and achievements for 2005

1. Analytical work on the '10/90 gap' and Health Research Priorities

1.1 Priority-setting methodologies to help correct the '10/90 gap'.

1.1.1 Development and application of priority-setting frameworks:

The Global Forum has previously developed a priority-setting tool - the 'combined approach matrix' (CAM) - to assist policy-makers and researchers to identify priority needs and opportunities for research to improve health in developing countries. During 2005, the following progress was made:

- Two expert workshops were held in Geneva to examine the capacity of the CAM to incorporate a gender perspective in the priority-setting process. Test applications in the fields of maternal mortality and HIV/AIDS were both successful, demonstrating that the CAM is a highly adaptable tool with the capacity to include and evaluate gender issues in prioritizing health research.
- A field trial was then conducted at a national workshop in India, where the gender-oriented CAM was applied to the prioritization of research on HIV/AIDS. A manuscript detailing the development and application of the gender-oriented CAM has been drafted for publication.
- With the support of the Global Forum, the CAM has been used to assist the setting of national priorities for research on TB in Mexico and the setting of overall national health research priorities for the Strategic Research Plan 2005-2009 of the Colombian National Science and Technology Health Programme (COLCIENCIAS). The work in Mexico led to the development of and funding allocation for a prioritized programme that is being conducted as part of a collaboration between the Mexican Ministry of Health and the Canadian Institutes of Health Research on TB research. The work in Colombia contributed both to priority setting in specific areas (reproductive health conditions) and to the development of an overall Strategic Emphasis Matrix, which was derived from the CAM.

1.1.2 Resource flows analysis in health research

Tracking financial resources provides key information for priority-setting. Following the publication by the Global Forum of *Monitoring Financial Flows for Health Research 2004*, a global study on financing for health research, the following new work was conducted in 2005:

- A new publication (currently at press) was compiled, giving detailed analyses of some specific areas, including: financing of research on HIV/AIDS and microbicides; financing of research on malaria; financing of basic research in the public and private sectors; the gap in financing drug development for neglected diseases; developing sustainable systems for financing health research at the country level.
- Detailed work has been undertaken in preparation for the next publication, in 2006, of a global study on financing for health research: new databases have been constructed and methodologies development for data extraction from sources such as OECD.
- Workshops have been held in Brazil, India and South Africa as part of a project (financed by the Rockefeller Foundation) to asses their allocations for health research and to develop national mechanisms for the regular collection and reporting of resource flows data.
- Agreement was reached with PAHO to work together in publishing (in several languages) the 2005 report of work conducted by the Ministry of Health, Brazil, to track its resources for health research. This work resulted from a previous collaborative project by the Global

Forum, COHRED and WHO to stimulate national efforts to track investments in health research.
- Using a Spanish version of methodology and questionnaires provided by the Global Forum, Mexico initiated a project to track health research resource allocations in its national institutes of health.

1.2 Priorities regarding the global cross-cutting issues affecting health

The health status of a population is influenced not only by behaviour, genetics, health care and immediate risk factors but also by a number of cross-cutting issues such as gender, ability, race, social class, poverty, social, physical, ethical, political, spiritual, cultural environments and other equity-related factors, health policies and systems, and research capacity. While the Global Forum cannot work in all of these areas, it focuses its activities on selected themes in areas where there is a direct linkage to the '10/90 gap'. Activities of the Global Forum in 2005 with respect to these cross-cutting issues are summarized below.

1.2.1 Equity (including gender and disability)

The Global Forum seeks to ensure that analysis that explores the roots of inequities in health and health research is fully integrated in all of its work. For this reason, it supports the development of analytical tools and research instruments and methodologies. Work during 2005 included:
- Production of manuscripts on the development and application of an analytical tool called the BIAS-FREE Framework, which facilitates identifying and addressing biases in health research (and other fields) due to ability, gender, ethnicity, poverty, race, religion and other sources of social discrimination. A paper has been accepted by a peer-reviewed journal (Canadian Journal of Public Health, 2006, in press).
- Applications of the BIAS-FREE framework to examine biases in health research were undertaken at an international workshop in Senegal and at a national workshop in Tanzania.
- An international workshop was organized in India, immediately before Forum 9, to examine equity-related problems with the use of the Disability-Adjusted Life Year (DALY) measure of ill-health.

1.2.2 Poverty

Ill-health is more prevalent in poor population groups. In addition, it perpetuates the cycle of poverty as it depletes family resources and decreases social and economic productivity.
- Poverty was a major thematic element of Forum 9, including a plenary presentation by the World Bank on its 'Reaching the Poor' programme.
- The Global Forum developed a Concept Paper on poverty and health research during 2005, which was presented to and approved by the Foundation Council. Work that has been initiated as a result of this includes the collection of examples of good practice in the equitable financing of health systems; and preparations for a project to define global priorities for research on poverty and health.

1.2.3 Research capacity strengthening

Although health and health research is increasingly recognized as one of the driving forces behind development and the fight against poverty, research capacity in many low- and middle-income countries remains very low, in spite of the efforts undertaken in the past decades. On the whole, training opportunities remain fragmentary with no coherent international approach. As a result, problems specific to the low- and middle-income countries do not receive much attention. This is an important cause of the '10/90 gap'. The Global Forum, sometimes together with partners and

other institutions working on research capacity strengthening, conducted the following work in 2005:

- A report was prepared and published summarizing and analysing global progress to date on research capacity strengthening: *No Development Without Research: A Challenge for Research Capacity Strengthening*, Global Forum for Health Research, 2005. A further paper based on this work is in preparation for publication in a peer-reviewed journal. — Health Policy and Planning
- In partnership with COHRED and the Special Programme on Research and Training in Tropical Diseases (TDR) on Strengthening Actions for Research Capacity, an expert workshop was held to assess the needs and opportunities for further international effort on research capacity strengthening (report in draft) and to consider methods for evaluation of outcomes. As a follow-on, TDR plans to lead the partnership in a workshop in 2006 to develop an action programme for research capacity strengthening.

1.2.4 Sexual and Reproductive Health

Sexual and reproductive health is a key determinant of overall health and development and has been identified as one of the most critical factors that will need to be improved in achieving the Millennium Development Goals. Research in this area is severely under-funded.

- The Global Forum initiated work in 2005 to develop a publication overviewing the status of sexual and reproductive health and health services in developing countries and the need for more research. The draft document is now being finalized in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) at WHO and will be jointly published with them. Planning has begun for the follow-on to this 'baseline' exercise, which will take the form of a global survey, also in collaboration with HRP, to set the future agenda for research on sexual and reproductive health.

1.3 Priorities regarding research on health promotion and on the major risk factors affecting health

WHO has identified that risk factors causing the heaviest burden of ill-health worldwide include: malnutrition, unsafe water/sanitation, unsafe sex, alcohol, indoor air pollution, tobacco, occupational risks, hypertension, road traffic accidents, violence and illicit drugs. These factors are related to development, poverty and equity but themselves have a clear relationship with health and disease. There is little information available to date on the level of investment in health research regarding risk factors. In noncommunicable diseases, this information is just emerging. The challenge is now, as indicated in the *10/90 Report on Health Research 2003-2004*, to continue to expand this analysis and obtain better estimates of the contribution of risk exposure by region and socioeconomic status, as well as to determine their policy implications for health promotion.

- During 2005, the Global Forum participated in the process leading up to the 6th Global Conference on Health promotion held in Bangkok, and in the conference itself, with a particular emphasis on encouraging the development of a perspective in the Bangkok Charter that would include a research perspective as well as the application of existing health promotion knowledge. The final text includes a reference to the need for research.

1.4 Priorities regarding diseases and conditions

Diseases and conditions that represent the heaviest burden worldwide are commonly grouped under three headings, and the Global Forum has continued to focus on research priorities in each of these groups:

Group I: Communicable diseases, maternal and perinatal conditions and malnutrition

- Public-private partnerships to develop products for neglected diseases have emerged as a major source of new drug candidates in the last 5 years (especially for diseases such as HIV/AIDS, TB and Malaria), but currently face major challenges in sustainability of financing and in bringing their products into clinical use. The Global Forum's Initiative on Public-Private Partnerships for Health (IPPPH), which had been tracking this evolving area, was wound down early in 2005. Subsequently, the Global Forum has:
  - Prepared a Concept Paper on PPPs which was approved by the Foundation Council;
  - Taken over IPPPH's database on PPPs and brought it up to date, in preparation for finding a permanent home for it where it will be maintained as a freely available web-based data source;
  - Initiated work on a publication on health partnerships that will depict the state of progress and stimulate more research on this type of activity.

Group II: Noncommunicable diseases

- Chronic diseases now constitute over half of the disease burden in LMICs (e.g. India) and this figure rises to as much as three-quarters in China. During 2005, the Global Forum was instrumental in obtaining a substantial grant for the Initiative on Cardiovascular Health in Developing Countries to study the economic impacts of noncommunicable diseases in developing countries.
- Mental health problems have grown increasingly common in LMICs. In collaboration with WHO, the Global Forum initiated an international project to map the capacities of developing countries to conduct mental health research, the results of which will be available during 2006.

Group III: Injuries

- Marking the end of the International Year for Road Traffic Injuries, the Global Forum collaborated with the Road Traffic Injuries Research Network to produce a special issue of the Journal of the College of Physicians and Surgeons, Pakistan, containing peer-reviewed articles devoted to research on road traffic injuries. This appeared early in 2005.

2. Organization of an annual forum

The External Evaluation Report of December 2001 described the annual Forum meeting as follows: "There is practically unanimous opinion that the annual Forum meeting is a very useful and, in many ways, unique opportunity and marketplace where health problems and priorities are discussed by a variety of decision-makers, policy-makers and researchers; no other organization can replace the Global Forum as a convenor of this type of meeting." In the last 2 years, changes to the structure, organization and content of the annual Forum meetings have been made to make these events more exciting, to bring a greater sense of 'passion' and 'energy' to the discussions and to deal with more 'hot' topics.

Forum 9 was held in Mumbai, 12-16 September 2005, on the theme 'Poverty, Equity and Health Research':

- Opened by President of India, Dr APJ Abdul Kalam. Among other speakers at the opening were the Union Minister of Health and Family Welfare, Dr Anbumani Ramadoss, and Chief Minister of Maharashtra, Shri Vilasrao Deshmukh.
- A total of 601 participants from 71 countries attended: 71% from low- and middle-income countries (LMICs) and 29% from high-income countries (HICs); 55% male, 45% female. Every one of the Global Forum's nine constituencies was represented (government policy-makers; multilateral development agencies; bilateral development agencies; foundations;

international NGOs; women's organizations; research oriented bodies; private commercial enterprises; media).

- 63% of the faculty (oral and poster presenters, chairs and rapporteurs) were from LMICs and over a third of the LMIC faculty were supported by the Global Forum to attend.
- About 500 submissions were received in response to the Call for Abstracts and were peer reviewed before selection. The Forum included 134 oral presentations; 72 posters; 44 marketplace stalls; 6 special sessions and 16 satellite meetings.
- Outputs from Forum 9
  - Report published: *Poverty, Equity and Health Research*, Global Forum for Health Research, 2005.
  - CD published, with collected papers from Forum 9: *Poverty, Equity and Health Research: Final Documents*, Global Forum for Health Research, 2005.
  - A selection of about 50 papers presented at Forum 9 are being peer-reviewed and will be published in a Special Edition of the Indian Journal of Medical Research during 2006.
- An evaluation was conducted at the end of Forum 9 by means of an anonymous questionnaire. 339 forms (56.4%) were completed and returned to the Secretariat – the highest return ever achieved. Overall, 94% of the respondents found the programme interesting and relevant to the objectives of the meeting and were satisfied/very satisfied. 85% were satisfied/very satisfied that the programme dealt appropriately with topical/controversial issues Similarly, proportions satisfied/very satisfied with various other aspects of the meetings were: breadth of relevant topics covered – 93%; balance of topics – 92%; coverage of poverty, equity and health research - 92%; coverage of health research and the '10/90 gap' – 86%; provision of an environment for debate – 87%; provision of a marketplace for networking – 94%; content/relevance of poster sessions – 91%; overall organization of meeting – 93%.

3. Supporting initiatives to bring together a wide range of actors to find solutions to priority health problems

To maximize the impact of its own limited resources, the Global Forum for Health Research seeks to play catalytic and brokerage roles, drawing groups of actors together to develop a critical mass, concentrate attention, leverage resources and energize movement towards the closure of the '10/90 gap'. It does this, in part, by providing support and nurturing for a number of networks and initiatives that it has helped to generate and incubate, but also through working with a wide range of other stakeholders in health research for development. Activities during 2005 have featured:

- Continuing support for and collaboration with the Global Forum-originated networks and initiatives:
  - Organization of an annual meeting of the networks and initiatives in mid-2005 to exchange information, share experiences and discuss plans for future development. 'Evaluation of effectiveness' was taken as a special topic for discussion in this meeting.
  - Alliance for Health Policy and Systems Research: inputs to the Alliance's flagship publication *Make it Happen: How decision-makers can use policy and systems research to strengthen health systems.* P. D. O'Neill and U. Ram Nath, 2005. Assistance with development of plans and processes for incorporation of Alliance into WHO and eventual establishment of a Partnership Programme in Health Policy and Systems Research.
  - Child Health and Nutrition Research Initiative: participation in Board meeting; assistance with process of establishment as independent foundation registered in Switzerland.
  - Initiative for Cardiovascular Disease in Developing Countries: participation in Board meeting; assistance with obtaining project funds; assistance with process of establishment as independent foundation registered in Switzerland.
  - Global Network for Research on Mental and Neurological Health: consultation on priorities and funding; support for selected research activities.

- Road Traffic Injuries Research Network: participation in Board meeting; support for establishment of new Secretariat of RTIRN in Sri Lanka.
- Sexual Violence Research Initiative: participation in Steering Group meeting; support for process of selection of new host and transfer of SVRI from WHO to MRC-South Africa.

In addition, the Global Forum has helped encourage a range of other activities that bring a focus of attention to the needs of health research for, in and by developing countries.

Internationally:

- The Global Forum facilitated the organization of a meeting of Heads of International Research Organizations (HIROs) in 2005, which focused on the health research needs of sub-Saharan Africa. Outcomes of this meeting included a decision by the HIROs group (which includes the US NIH and NSF, the Canadian Institutes of Health Research, the UK's MRC and Wellcome Trust, and about 15 other leading research organizations) to develop a collaboration to strengthen health research capacity in Africa; and a decision to develop systems for the better tracking of their own allocations of resources for health research related to developing country needs.

Nationally:

- The Global Forum participated in national seminars/workshops on health research which brought together a cross-section of national stakeholders and stimulated more focus, more resources or more local effort on health research in or for the needs of developing countries. In 2005, these included:
  - Brazilian National Seminar on health research priorities, Rio de Janeiro.
  - Seminar to launch the Argentinian Forum for Health Research, Buenos Aires.
  - National meeting on health research for development which led to the launch of the Norwegian Forum for Health Research.

4. Communication and Information

The Global Forum for Health Research works to strengthen communication among a broad range of constituencies and stakeholders and to disseminate information regarding the '10/90 gap'. In addition to the direct outreach work of the Communication and Information Unit, every project, programme or activity of the Global Forum has a communication component and considers, from the outset, how to identify the target audience, message, medium and expected result in order to facilitate evaluation of the success of the activity.

4.1 Publications

Publications of the Global Forum during 2005 included:

- Forum 8 synthesis report and CD: *Health research for the Millennium Development Goals*
- Forum 9 synthesis report and CD: *Poverty, Equity and Health Research*
- Global Forum Update on Research for Health, Volume 2: *Poverty, Equity and Health Research*
- CD compilation: *Publications of the Global Forum 1999 to 2004*
- *No Development Without Research: A Challenge for Research Capacity Strengthening.*
- *Monitoring Financial Flows for Health Research 2005: Behind the Global Numbers.* (in press)
- *Gender and the Millennium Development Goals.*

In addition:

- The Global Forum supported the production of a new and independently edited health research news magazine, RealHealthNews, which is available electronically on the Global Forum website and is also produced in print form several times a year for distribution at major gatherings such as the World Health Assembly and annual Forum.
- The Global Forum provided support to the e-mail discussion group HIF-net, which ran a discussion on poverty, equity and health research before and during Forum 9.

4.2 Web-based information

- The Global Forum's website was re-designed during 2005.
- The website carries information about the Global Forum's mission and activities; downloadable copies of all its publications; links to partners and other key organizations; information on international meetings concerning crucial issues in health and health research; 'hot' news about current events relating to the '10/90 gap'. The website is thus central to all Global Forum communications efforts. Interactive sections include ordering of publications, sign-up for news and contributing to the meetings list. In addition to providing information on research areas and activities, it is through the website that the receipt of abstracts and registrations for the annual Forum takes place.

4.3 Participation in international meetings

The Global Forum takes the opportunity offered by a few large health-related meetings to become better known to certain target audiences and to bring to these and other selected key meetings information and advocacy concerning the '10/90 gap' and its closure. Representation may take the form of participation in the official programme (own session, panel presentation, poster, roundtable), having a stall or booth in the conference's exhibition and/or general participation and networking.

- Global Health Council, Washington DC; annual meeting. Co-sponsorship of session on health research and presentation by Global Forum.
- Ecuador: 2nd People's Health Assembly, and co-sponsorship of satellite meeting on health research and presentation by Global Forum.
- Participation in 'Countdown to 2015 – Child Survival', 13-14 December 2005, London – reviewed progress on child survival since the inception of the Child Survival Partnership in 2003 and its activities, including the relation with the newly created Maternal, Neonatal and Child Survival Partnership hosted in WHO.

5. Monitoring the results of actions taken

The Global Forum implements a range of mechanisms for monitoring the results of actions taken and obtaining feedback. Regular reporting is made to the governing bodies of the Global Forum (the Council meets twice a year and its strategic and technical subcommittee three times a year), which enquire into the progress and outcomes of the activities conducted and provide critical comment and advice.

- At the end of each discrete activity, such as a workshop or conference, including the Forum, an evaluation questionnaire is distributed and the results collated and analysed.
- Tracking and analysis of publication requests and dissemination are regularly carried out.
- Regular monitoring of the use profile of the website is conducted and the results analysed for information about the popularity of sections and items, including the downloading of each publication.
- New efforts to improve the longer-term monitoring process have been made during 2005, with the inclusion in the Annual Workplan and Budget for 2006 of expected impacts for each activity, which can be tracked and documented over time.

- Every 3-5 years, the Global Forum undergoes a formal External Evaluation. The First External Evaluation was conducted during 2001 and reported in 2002; the Second External Evaluation was developed and initiated during 2005 and will report in 2006.

6. Global Forum partners and collaborators

Support
The Global Forum received support from the following organizations in 2005:

Governments:
Canada: IDRC – International Development Research Centre - partner since 1999
Ireland: Development Cooperation Ireland – partner since 2005
Mexico: Ministry of Health – partner since 2004
Norway: Norwegian Ministry of Foreign Affairs – partner since 1998
Sweden: Sida/SAREC – Swedish International Development Cooperation Agency – partner since 1998
Switzerland: SDC – Swiss Agency for Development and Cooperation – Federal Department of Foreign Affairs – partner since 1997

Multilateral Organizations:
World Bank – partner since 1997
World Health Organization – partner since 1997

Foundations
Rockefeller Foundation – partner since 1998

Other close collaborations

- The Global Forum signed a Memorandum of Agreement with the Council on Health Research for Development (COHRED) during 2005, establishing a long-term process of intensive cooperation at all levels.
- The Global Forum works in partnership with a commercial publisher, Pro-Brook Ltd, London, on the publication of the annual *Global Forum Update on Research for Health*
- The Global Forum is collaborating with INASP in the development of the e-mail discussion group operated by HIF-net
- Collaboration with INCLEN in 2005 involved the mounting of a satellite meeting and the sponsorship by INCLEN of 70 participants in Forum 9
- A more broadly-based engagement with constituencies is centred on the communications that the Global Forum issues to the more than 8000 individuals that are in its database of interested parties. These include representatives of government policy-makers; multilateral development agencies; bilateral development agencies; foundations; international NGOs; women's organizations; research oriented bodies; private commercial enterprises; media.

Project Number: 01/2006
Summary and Decisions

1	Classification	B3 (Publications, cross-cutting issues affecting health)
2	Title of project	*RealHealthNews*
3	Responsible officer	Susan Jupp, Stephen Matlin
4	Project objectives	*RealHealthNews* is a low-cost and effective international reporting, communications and advocacy tool that aims to open new channels of communication between *health researchers* and *health policy-makers*, nationally and internationally. Through *news*, *interviews*, *features* and *papers*, it studies strategic change in the relationship, and *constantly seeks improved means of communication*. Looking for *solutions* rather than problems, it addresses the widespread ignorance of the activities and, above all, the scientific conclusions of the national and international health research community; and it addresses ignorance of the practical problems of health policy-making and health provision among researchers. It disseminates information in readable, user-friendly formats and aims to reach both scientists and key decision-makers on health and health research.
5	Strategies for dissemination	Electronic (e-mail, web) and paper forms will be distributed. Four printed issues of the magazine are planned for 2006 for dissemination at major international meetings: 2006/1 (March) Global Forum and COHRED governing body meetings and spring meetings where the Global Forum will be represented 2006/2 (May) World Health Assembly, Global Health Council 2006/3 (October) Forum 10 2006/4 (December) end-of-year wrap-up and looking towards 2007 with WHO/EB January 2007 These issues and further text with background to their interviews and stories will be featured in the special *RealHeathNews* section on the Global Forum's website, together with additional news and features. The activities and utility of the website will be further developed. Forum 10 participants will be invited to sign up for the magazine and for web updates.
6	Total cost	US$ 80,000
7	Financing sources	For 2006, the Global Forum has budgeted US$ 60,000. Additional funds are being sought.
8	Timeline	Printed issues will appear in March, May, October and December 2006 and regular additional material will be posted on the Global Forum's website.
9	Origin of the project	There is a need for broader understanding of the work of the international health research community, set within the context of the global health scene and aiming to enhance the interface between policy-makers and researchers.
10	Brief history of the efforts by the Global Forum in this field	*RealHealthNews* began with a trial issue for Forum 8 in Mexico in late 2004. In 2005, three paper issues were produced and an extensive web presence developed.
11	Peer review process	An international advisory committee has been established.
12	Partners/collaborators	Various organizations have expressed interest in participating.
13	Indicators of progress and success	

	• Likely impact on inequities • Impact on cross-cutting issues (poverty/RCS/gender policies)	The magazine will focus on all of these.
14	Risks	If no additional funding is found, only three printed issues will be produced.
15	Reasons for approval	The Global Forum's communications strategy includes improving understanding by diverse actors, including policy-makers, of the need for health research and how this links to improving health in developing countries. *RealHealthNews* will add to the armoury of advocacy vehicles using a popular format that is presented in non-technical language.
16	Global Forum approval process (signatures and dates)	1. Executive Director 2. Chair, STRATEC 3. Chair, FC

Summary

RealHealthNews, an independent online and print magazine supported by the Global Forum for Health Research, has had a successful first year and made steps towards reaching its target audiences at the interface of research and policy for health and development.

This proposal requests confirmation of funding for 2006, as provisionally allocated in the Global Forum's 2005-2006 Workplan and Budget, with a further option for 2007, in order to establish the magazine as a credible and influential reporting vehicle.

History of the project to date

Funding

- Project 06/2004: STRATEC approved this proposal
  (a) US$ 25,000 for phase 1: to fund a trial issue, to be produced for Forum 8 and the Ministerial Summit in Mexico (mid-June to November 2004)
  (b) to provide US$ 60,000 per year for phase 2 (2005).
- The original budget figure can now be compared with real costs, which show that US$ 80,000 per year is realistic funding for the project.
- The Global Forum is satisfied that the support allocated to the project to date has been appropriately spent.

What has been achieved

- Four issues, amounting to 72 pages of original reporting and papers, were produced and distributed in 2004-5, and the website serviced. The quality and significance of the published material to project objectives has been increasing with each issue, subject to the length and editorial time available under the budget, and the travel available to the Editor through Forums 8 and 9, and otherwise.

- A gender-balanced expert Editorial Advisory Board, representing a wide spread of expertise – and continents – has also been set up (see Annex 3) and is consulted regularly on matters of detail, approval and strategy.
- The global objective of the project announced to STRATEC in June 2004: "To bring important perspectives on global health and health research issues to the attention of policy-makers and research leaders" is being pursued as indicated by the content, and the fact that research and policy institutions, such as Yale, TDR, the Public Health Agency of Canada, and the Disease Control Priorities Project of WHO, The World Bank, the Fogarty International Center and the National Library of Medicine are increasingly showing their eagerness to publish with and be reported by *RealHealthNews*, by seeking space.
- *RealHealthNews* definitely fills a niche: there is no comparable print or e-magazine focusing on health research.

Dissemination

- The printed issues produced in 2004 and 2005 were primarily distributed at international meetings and through Global Forum distribution channels, as follows:
  – Issue 0 Forum 8 (Mexico City, November 2004)
  – Issue 1 meetings in Rio, Brazil (March 2005)
  – Issue 2 World Health Assembly (May 2005)
  – Issue 3 Forum 9 (Mumbai, September 2005).
  Copies remaining were distributed by the Global Forum at all suitable other opportunities (mailings of other publications, display in-house and at WHO, other small meetings) and used for promotion by the editor.
- On the Global Forum's website, pdf files of printed issues are available for consultation and printing.
- The RealHealthNews section on www.globalforumhealth.org also provides links to further material on the site (such as background interviews) or elsewhere (such as original documents, relevant organization's websites, etc.)

Reputation

- As the above demonstrates, the magazine is beginning to be taken seriously. Institutions covered are also requesting additional copies for their own distribution, but no charge is currently made.

RealHealthNews 2006-2007

- Project objectives for 2006: to consolidate the early reputation, and develop and improve the channels of communication the magazine has opened up.
- Strategically, we are beginning to engage with new communities valuable to the Global Forum and whose voices can be heard – through RealHealthNews and HIF-net. The synergies between these two projects have already begun to be explored.

Funding

Based on real costs for 2005, a minimum project budget has been drawn up, covering the work needed to produce four printed issues for strategic distribution during 2006 and the extra web material (see details below).

Risks/problems

- There are no serious downsides except financial ones. The editor was offered sponsorship, to equal the Global Forum's funding, by a "major pharmaceutical company" but refused because of the risk of bias. It is essential that the magazine be seen as editorially independent, so its coverage can be trusted. He was prepared to consider "corporate image" advertising, but the Advisory Board, also taking into account concern expressed by the Foundation Council about related issues affecting the Global Forum, felt that it could destroy the magazine. So no funding or advertising was accepted from commercial bodies.
- To ensure long-term sustainability, efforts need to be made to diversify the sources of funding for *RealHealthNews* so that it ceases to be dependent on any single donor.
- There is currently no (developing country) travel budget, so the freelance Editor relies on adding on visits to travel which is funded by other (non-commercial) work. For example, in 2005, work for the World Economic Forum included travel to Nairobi which, with a little extra stay, made possible research for the story on pp. 2-4 of the current issue; and taking part in Forum 9 led to stories on pp. 7-10. This is useful but not ideal.
- In order to produce a quality product and to pursue stories and contacts, the Editor invested more time than had been foreseen in the budget – always with the hope of finding additional funding. He was not therefore fully recompensed.

Dissemination

Four printed issues planned for 2006 focus on (no cost or low cost) distribution or display/availability at key international meetings, in combination with distribution of other Global Forum material:

1. March: for spring meetings in which the Global Forum will participate (e.g., Andres de Francisco will take part in a meeting in Brasilia)
2. May: for the World Health Assembly and all related meetings (Commonwealth Health Ministers meeting and others); for the Global Health Council annual meeting and other meetings in which the Global Forum will participate
3. October: for Forum 10 and all related meetings
4. December: for the WHO/EB in January 2007 and to be distributed with the report on Forum 10.

Copies of issues 2006/1 and 2006/2 will be available at the World Health Assembly whose participants are one key target for the publication.

Further promotion of the electronic magazine is planned for early 2006, through e-mail, by posting notices on list-serves and websites, both specifically targeted to *RealHealthNews* and in connection with other Global Forum activities (for example, promotion to Forum 10 participants).

Dissemination and promotion are important but even more are questions of whether the magazine is read and any influence it might have. One or more reader questionnaires for the print and electronic editions are planned for 2006.

Monitoring and evaluation of impact
Oral testimonials collected by the editor are most encouraging but do not constitute a true measure of success. The editor is also working to collect citations of stories (in other media). In 2005, stories were cross-posted, for example, on SciDevNet and numerous list-serves carried information about the magazine.

First measures (for which we have some figures for 2005, to be used as a baseline) include:

- numbers of copies distributed directly (included in participants' materials, mailed by the Global Forum)
- numbers of copies picked up (from displays)
- number of subscriptions to the electronic version
- number of visits to the web pages.

Impact should include an assessment of how useful the magazine is in drawing attention to the issues that policy-makers need to tackle. Has there been any noticeable change on specific issues raised?

Interviews with, for example, ministers with health/development portfolios are important, as they may be influential with their peers. A measure of success would be whether key figures are willing to give an interview (because they believe the magazine could help draw attention to an issue).

Another measure would be the number of contributions from developing-country researchers and journalists.

Yet another would be the number of letters to the editor or comments received on issues.

As mentioned above, reader questionnaires will also be used.

Annexes

Annex 1. Budget for 2006

The budget of US$ 80,000 would include:

- The Editor's time for
  – research, planning, commissioning, editing, writing and coordinating four printed issues
  – preparing web copy and additional material/links
- Design, layout and printing of printed issues
- Fees to correspondents and for use of photographs
- Travel (two trips to Geneva; one opportunity for extra days added to other professional travel)
- Communications charges

Annex 2. Brief curriculum vitae of the Editor of RealHealthNews

Robert Walgate is an award-winning science writer and former news editor of the publications *WHO Bulletin*, *New Scientist* and *Nature*. From 1990-5 he was Communications Officer for the UNDP/World Bank/WHO Special Programme of Research and Training in Tropical Diseases (TDR). For WHO Euro he has advised health journalists in the newly independent states of the USSR on the need to base reporting on good science, and currently he is assisting in the *World Economic Forum*'s investigation of health systems in Africa. A former Chairman of the *Association of British Science Writers*, and contributor to the creation of the *World Federation of Science Journalists*, he belongs to an extensive network of professionals and partner organizations who will help make this debate a success. Walgate has reported from East and West Europe, South-East Asia, China, South and Central America, the USA and Africa. On that continent he reported in Kenya from Nairobi to Kisumu on Lake Victoria, in Burkina Faso from Ougadougou to the borders of the Ivory Coast and Ghana, and from the Congo.

Annex 3. Editorial advisory board

Lucy Gilson, University of Witwatersrand, South Africa
Susan Jupp, Global Forum for Health Research
Regina Keith, Save the Children UK
Jane Kengeya-Kayondo, UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR)
Andrew Kitua, National Institute of Medical Research, Tanzania
Ravi Narayan, Society for Community Health Awareness, Research and Action, India
Delia Sanchez, Grupo de Estudios en Economia Organizacion y Politicas Sociales (GEOPS), Uruguay
Wim Van Damme, Institute of Tropical Medicine, Belgium

5.2 Project Proposal 02/2006

International Research Network on Disability and Health

Note by the Secretariat

The Global Forum for Health Research very recently received the attached unsolicited proposal from Lenore Manderson, on behalf of the Governing Council of the International Research Network on Disability and Health. The proposal requests that the network to be considered as a formal initiative of the Global Forum for Health Research, and seeks support for the first three years of operation.

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Project Number: 02/2006
Summary and Decisions

1	Classification	B3 (cross-cutting issues affecting health)
2	Title of project	International Research Network on Disability and Health (IRN)
3	Responsible officer	Mary Anne Burke
4	Project objectives	The IRN is committed to developing global acceptance of the importance of researching and understanding the social aspects and consequences of differences in abilities on individuals, households, communities and wider society. This includes but is not limited to chronic illness, activity limitations and ageing, mental health and different ways of learning. The main aim of the Network is to increase capacity among researchers concerned with disability, particularly in low- and middle-income countries, and among researchers who have personal experience with disability, to enable them to conduct research on human functioning and disability, social inclusion and related policy. Achievement of this aim will be increased visibility of the importance of research on human functioning and disability, and greater visibility and better knowledge of these issues in the areas of health research, equity, justice, values and ethics, and social inclusion. The goal is to improve the overall health status and well-being of people who experience disability regardless of where they live. The Network will • promote research on disability and health to fill current knowledge gaps and enhance global understanding • strengthen global research capacity and develop S-S and N-S collaborations for research and training in relation to health, disability and equity • promote inclusion and active involvement of disabled persons in health research and the governance of all health programmes • promote development of young researchers interested in working in the areas of disability, health policy, equity and related fields and increase their opportunities to attend and participate in scientific meetings nationally and internationally • determine areas of priority for research and assist with the generation of funds to support research, ensuring that people directly affected are included in this process • strengthen global knowledge management and the dissemination of research findings related to health, disability and equity in ways that enhance the relevance and use to policy and practice and to the lives of disabled people.
5	Strategies for dissemination	• Results of the different streams will be disseminated through scholarly and community publications • Dissemination of results will include release of publications, speeches at conferences/symposia, and media releases. • A Baseline Indicators Report will be published in Year 3 and will serve as a major vehicle for the dissemination of results. • A major meeting at the end of Year 3 will share results of the work of the Network with the broader disability and research sectors and with policy-makers. • The Network's interactive website will be used to ensure a broader reach of research results. • Co-publishing possibilities with Global Forum to be explored as a potential vehicle for furthering the reach of the Network.

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6	Total cost	Year 1: US$ 200,000+ of which Global Forum US$200,000 Year 2: US$ 200,000+ of which Global Forum US$ 150,000 Year 3: US$ 200,000+ of which Global Forum US$ 100,000
7	Financing sources	The IRN is seeking core support from the Global Forum to begin its operations. During the second and third years, increasing funds will being sought from other sources
8	Timeline	The IRN will begin operations as soon as funding is available. It aims to be come independently sustainable after 3 years.
9	Origin of the project	There is a need for increased global attention to researching and understanding the social aspects and consequences of differences in abilities on individuals, households, communities and wider society. An International Research Network on Disability and Health was established by interested individuals attending Forum 9 in Mumbai in September 2005.
10	Brief history of the efforts by the Global Forum in this field	The Global Forum has consistently drawn attention to issues of researching physical and mental disabilities and has helped foster the Global Network for Research on Mental and Neurological Health. The current Equity portfolio emphasizes a comprehensive approach to research on disability and health issues.
11	Peer review process	Concept papers will be developed and disseminated through the network for critical comment. Publications emanating from the Network will be subject to peer review in journals.
12	Partners/collaborators	
13	Indicators of progress and success • Likely impact on inequities • Impact on cross-cutting issues (poverty/RCS/gender policies)	*Year One* • concept and scoping papers for each research stream • extension of research network for each stream • Secretariat established • interactive website • scoping doc: training and devel needs of young researchers. *Year Two* • research proposal priorities • proposal from each stream devel. and submitted for funding • devel. of proposals for res. cap. building for young researchers • funding proposal submitted for research capacity building • preliminary reports of research project activities. *Year Three* • Secretariat funding secured for next 5 years • Baseline Report for each thematic area, with key indicators • more research proposal development • Interim Reports of research project activities
14	Risks	If no other funding is found, the IRN will not be sustainable.
15	Reasons for approval	The IRN will promote worldwide attention to increased and more inclusive research on disability and health.
16	Global Forum approval process (signatures and dates)	1. Executive Director 2. Chair, STRATEC 3. Chair, FC

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International Research Network on Disability and Health

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Proposal submitted to the Strategic and Technical Advisory Committee (STRATEC), Global Forum for Health Research, March 2006

Prepared by the Governing Council of the Network:
Monica Bartley, Mary Chamie, Asha Hans, Ashok Hans, Moira Horgan-Jones, Lenore Manderson, Pia Rockhold, Marguerite Schneider and Gregor Wolbring

CONTENTS

1 SUMMARY OF PROPOSED PROJECT

2 BACKGROUND, AIMS AND OBJECTIVES

3 SIGNIFICANCE OF THE NETWORK AS AN INITIATIVE OF THE GLOBAL FORUM

4 GOVERNANCE

5 ACTIVITIES

6 DISSEMINATION STRATEGIES

7 SUMMARY OF PROJECT DELIVERABLES

8 BUDGET

9 BENEFICIARIES

10 OUTCOMES

11 APPENDIX

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1. SUMMARY OF PROPOSED PROJECT

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An International Research Network on Disability and Health was established at Forum 9 of the Global Forum for Health Research held in Mumbai, India, 12-16 September 2005. This document seeks the support of the Forum for the Network to be granted status as a formal initiative of the Forum. Funds are sought for the first three years to support the establishment and development of the Network.

The Network brings together community members, academics and policy-makers with a primary interest in social aspects of living with chronic illness, activity limitations and ageing and their consequences on well-being and quality of life. The Network is committed to developing global acceptance of the importance of researching and understanding the social aspects and consequences of differences in abilities on individuals, households, communities and wider society. This includes but is not limited to chronic illness, activity limitations and ageing, mental health and different ways of learning. The main aim of the Network is to increase capacity among researchers concerned with disability, particularly in low- and middle-income countries, and among researchers who have personal experience with disability, to enable them to conduct research on human functioning and disability, social inclusion and related policy. The successful achievement of this aim will be increased visibility of the importance of research on human functioning and disability, and greater visibility and better knowledge of these issues in the areas of health research, equity, justice, values and ethics, and social inclusion. The goal is to improve the overall health status and well-being of people who experience disability regardless of where they live.

The Network will

- promote research on disability, health and well-being to fill the current knowledge gaps and enhance global understanding of disability
- strengthen global research capacity and develop south-south and north-south collaborations for research and training in relation to health, disability and equity
- promote the inclusion and active involvement of disabled persons in health research and the governance of all health programmes
- promote the development of young researchers interested in working in the areas of disability, health policy, equity and related fields and to increase their opportunities to attend and participate in scientific meetings nationally and internationally
- determine areas of priority for research and assist with the generation of funds to support research, ensuring that people directly affected are included in this process
- strengthen global knowledge management and the dissemination of research findings related to health, disability and equity in ways that enhance the relevance and use to policy and practice and to the lives of disabled people.

The Network understands disability to be "the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives." (WHO, 2001: 17, Long version) Disability is used in this document as a broad umbrella term, denoting the experience in

relation to human functioning which leads to disadvantage, social exclusion, and reduced quality of life. Disability is not about a small group of people but about all people.[1]
Intended results include:

a. support researchers in low- and middle-income countries to work in the field of health, disability, and equity
b. generate and evaluate analytic frameworks and indicators for understanding the risks to full equity for persons with chronic illness, activity limitations and/or who are elderly
c. facilitate links between the disability community and the broader scientific community and decision-makers in the health and social sciences
d. develop indicators, tools and methodologies for research on disability, health and well-being to enable responsive and responsible decision-making in relation to disability
e. continue to foster highly qualified and broadly trained researchers in human rights, health and disability
f. strengthen dialogue between national statistical authorities who produce official statistics on human functioning and disability, ministries of health, university research centres and non-governmental organizations
g. to establish a dialogue between the network and other international scientific fora.

2. BACKGROUND, AIMS AND OBJECTIVES

2.1 Background

At least 400 million disabled people live in developing countries – 150 million between the ages of 10-24 – who often face physical and social barriers hindering access to health, education, social services, employment and other services essential for a productive life in good health. Disabled people are overrepresented among the poor, and while disability is estimated to contribute around 10 per cent among the general population it is estimated to be 20 per cent among the poor. While disability is prevalent in countries with a high proportion of elderly people, it is especially prevalent among young people in countries in conflict. There is growing recognition of the need for evidence-based policy development around health and disabled people, and for the incorporation of the results into all social policies. A growing number of impairment-specific research centres now operate in both the public and non-profit sectors. As well, more generic research agencies and groups at universities and in the non-profit community sector are beginning to incorporate 'the perspective of disabled people' or 'the social aspects of people living with chronic illness, activity limitations and ageing' into their health research agendas. The creation of a dynamic, transdisciplinary global research network will help to ensure that gaps in research are identified and appropriate to the needs of different communities and local and national settings, and that a comprehensive health

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[1] Here and throughout this document, we follow ICF definitions. Accordingly, we understand functioning as "an umbrella term for body functions, body structures, activities and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).....Disability denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)." (WHO, 2001, Annex 1: 212 - 213)

research agenda is developed to meet emerging policy needs with regard to health research, health service delivery, equity and the express needs of persons with varying abilities. It will also provide a coordinated mechanism for collecting and disseminating a vast array of indicators and research findings from diverse research institutions across the world.

2.2 Aims

The Network aims to promote research on social aspects of people living with chronic illness, activity limitations and ageing in order to redress discriminatory physical, mental and social environments. Its objectives are to support networking mechanisms, raise money to support the mission of the network, set research priorities, and to support and strengthen transdisciplinary research agendas and academic research capacity in low- and middle-income countries. The network aims to develop research capacity in low- and middle-income countries and resource-poor communities, to foster links between individuals and communities, academic and nonacademic researchers and policy-makers to address the inequity experienced by an increasing number of people living with chronic illness, activity limitations and ageing. Developing such capacity and strengthening links between community members, academics and decision-makers is necessary with the growing complexity and scale of policy issues in the public and private sectors, and in line with our commitment to ensure intersectoral collaboration and community involvement.

2.3 Objectives

a. to establish and sustain a transdisciplinary, global research network to develop research capacity related to the social aspects of people living with chronic illness, activity limitations and ageing
b. to promote research into human functioning and social aspects of human functioning in public health, health statistics and other areas
c. to encourage training and support researchers in middle- and low-income countries to conduct research in these areas
d. to identify priorities for health, disability and well-being research and other areas that are determinants of the health of disabled people, such as education, justice, values and ethics, social security and labour, and social inclusion
e. to improve knowledge management and disseminate research findings to inform public policy, ensuring research with impact in ways that ensure inclusion, social justice and equity
f. to provide links to information libraries and web-sites on research methods, findings and indicators on disability, policy, and health equity
g. to promote the development of young researchers with inter- and trans-disciplinary backgrounds to think creatively about disability, public policy, health research and equity.

3. SIGNIFICANCE OF THE NETWORK AS AN INITIATIVE OF THE GLOBAL FORUM

The project will create a dynamic research network for synergistic interaction among research experts in various fields, serving as a catalyst for innovative, critical thinking, indicator development and informed public policy debate concerning health and disability-related issues. The Network will promote interdisciplinary and transdisciplinary research in priority areas, and will involve researchers from diverse fields including but not limited to anthropology, demography, sociology, education, psychology, economics, engineering, medicine, disability studies, ethics, health sciences and law. The research focus will cover determinants and consequences of human functioning and disability, and the impact and effectiveness of programmes designed to reduce disablement. It will promote the generation, sharing and integration of knowledge across disciplines and sectoral boundaries, within and beyond the health and traditional 'disability' sector. Formal endorsement of this Network as an initiative of the Global Forum for Health Research is an important means of validating the research areas, research questions asked, perspectives and philosophy of the individuals involved, facilitating the support of individual researchers and provide the mechanisms for external support.

The network provides a balance of research on social determinants of health conditions by drawing attention to and ensuring appropriate focus on the social consequences of living with health conditions, and highlights the importance of monitoring and evaluating health and health-related interventions 'beyond the clinic', taking into account the social aspects and consequences of living with chronic illness, activity limitations and ageing, i.e. the impact of these interventions on the experience of disability.

The long-term goal is for the Network to be established formally either under the umbrella of an existing institution or as a registered NGO or Foundation, with the aim of eventually achieving full independent legal status. At this stage we are unclear of the advantages of various alternatives and options, and would appreciate the assistance of the Global Forum to help us to explore the most advantageous option. Considerable work will be needed to ensure sustainability and viability of the network. At the same time, we believe it important to get the network established in the first place. Working with the Global Forum would also ensure links with other health research initiatives of the Global Forum and would inform these.

4. GOVERNANCE

4.1 Management of the research network

The Network is managed by a governing council, whose members are from the broader membership of this network (see Appendix), under the overall co-ordination of Lenore Manderson at Monash University, Australia. The governing council is striving for gender balance and regional representation. Activities of the Network are built around a number of research streams, each with a number of individuals involved and responsible for progressing

with the work, one of who is a member of the governing council. The governing council will meet annually at the Forum meeting, with regular communication by e-mail.

Foundation members of the governing council and initial team members will identify other researchers, knowledgeable community members and others who may be interested in becoming involved in a "core research team" for a given stream. To ensure that the research is responsive to the lived health experiences of people with disabilities and their families, each stream will include knowledgeable laypersons well acquainted with issues of disability, to help shape the research agenda.

4.2 Secretariat

The Network will seek funds to support a Secretariat to maintain a website and list-serve, coordinate and support proposal development, and develop funding mechanisms for research training, capacity building and pilot research projects. Initially, the Secretariat will be located at Monash University, under the direction of Lenore Manderson, until it can be relocated to a low- or middle-income country.

4.3 Meetings

Members of the governing council and working groups are responsible for organizing the submission of abstracts related to the research activities of the Network to the annual meetings of the Global Forum and to other research meetings as appropriate.

4.4.1 Research capacity building and research training

The Network will aim to build global, regional and local research capacity within the area of disability, health and well-being . The focus will be on strengthening of national research capacity in low- and middle-income countries, enhancing the local ownership and coordination of ongoing efforts. The traditional institutional development and training of individual and organized groups of researchers will be combined with skills enabling local researchers and institutions to write proposals and work in close collaboration with the beneficiaries and policy-makers, to facilitate the development of sustainable funding of relevant research. The network will be of major importance for strengthening of local, regional and global partnerships, to enhance coordination, knowledge exchange and joint research proposals for multi-country studies. An important part of capacity building will be the development of a common understanding and use of concepts and methodologies related to disability and disability-related research.

4.4.2 Development of online and other teaching material and courses

The Network will contribute to the development of online teaching content and online teaching. Increasingly universities are moving to online delivery. Given mobility limitations of many disabled people, online teaching is empowering and an effective way to build capacity and transfer skills and knowledge. In addition, the Network will foster disability-related studies among young researchers in university masters and doctoral programmes of study.

4.5 Streams

Although themes intersect and cross-cut, for the purposes of developing the network and identifying priorities, we have selected four priority streams. These streams should be regarded as dynamic and flexible, such that over time, with changing and emerging priorities, different streams may emerge and replace earlier themes and topics.

(1) Values, ethics and new technologies

- Dr Gregor Wolbring, Department of Community Health and Community Rehabilitation, University of Calgary, Canada (Stream Leader)
- Dr Don Juzwishin, Health Technology Assessment Unit, Alberta Heritage Foundation for Medical Research (AHFMR), Alberta, Canada
- Dr Maria Veronica Reina, Center for International Rehabilitation, Argentina
- Dr Sigrid Graumann, IMEW Institut Mensch, Ethik und Wissenschaft gGmbH (IMEW Institut Humans, Ethics and Sciences), Berlin, Germany
- Dr Pia Rockhold, World Bank, Washington, USA
- Anant Kumar, Centre of Social Medicine and Community Health, India
- Dr Lee-Ann Basser, Faculty of Law, La Trobe University, Australia
- Professor Roxanne Mykitiuk, Osgoode Hall Law School, York University, Canada

Science and technology usage, research and development are human activities that are often articulated in terms of human betterment in general or in terms of better and/or more sustainable health care, better health, more wellness, more efficient health systems, and health care delivery in particular. They are also articulated in terms of improving the lives of disabled people, and in diminishing their suffering. Science and technology usage, research and development follow social norms, expectations, and markets; but at the same time, advances change and influence the quality of our lives, and perceptions, norms and values about what is a "good life" and our ability to pursue "the good life."

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Evaluating the impact of advances in science and technology (S&T) applicable to health, health care delivery and access, health technology, health systems, and health research for people with various impairments is critical to the well-being of disabled people locally, nationally and globally. The use of science and technology is of utmost importance for the betterment of people, particularly for marginalized sections of society and differently-able people; however, it is important to evaluate access and availability of services to differently-abled people and to review policies related to this. Many negative consequences for humankind of science and technology usage, research, and development related to 'health' and other applications could be avoided by using ethical principles to govern them. In the same way S&T is shaped by societal perspectives, so too are ethical theories. The discourse around the development and application of ethical theories also embodies the perspectives, purposes, prejudices and objectives of society, and of social groups within society. It is important to evaluate the impact of the ethics discourse within the health research domain on disabled people within local, national and global contexts.

This network stream is concerned with increasing the understanding of these issues within communities of 'disabled' people and to increase their capacity to take part in related research and to shape the discourse around these issues. It is important to ensure that the science and technology research and development agenda is of use to disabled people, especially in low- and middle-income countries, and that scientific knowledge and products useful to disabled people are made accessible to them. It is important to ensure transparency of and participation in research funding from a standpoint of ethics, equity and social justice. The network will promote the transfer of knowledge about technological advances and other developments that result from research in the fields of health, health care and service delivery.

(2) Social and economic aspects of human functioning and disability

- Dr Mary Chamie, UN Statistics, New York, USA (Stream Leader)
- Dr Pia Rockford, World Bank, Washington, USA
- Ms Marguerite Schneider, Disability Studies, Human Sciences Research Council, South Africa
- Samuel Njuguna Kabue, Ecumenical Disability Advocates Network (EDAN), Kenya
- Dr Gregor Wolbring, Department of Community Health and Community Rehabilitation, University of Calgary, Canada

The experience of disability has many components. The challenge is to develop understanding of the different components, their measurement and interpretation of the data collected using these measures. The Network will focus on research that explores: a) existing measures and their usefulness in understanding the realities of the health and well-being of all people as it relates to disability; b) the impact of these measures on the economic and social determinants of health of people who experience disability or who may experience it in the future; and c) the development of new measures that might better serve understanding about people, human functioning, health equity and determinants of health. In developing this stream, we have explored collaboration with Dr Bedirhan Üstün (WHO), and will continue to do so under the workplan of the Network.

The level of educational attainment and employment for disabled people is generally lower than for the non-disabled population. The reasons for this are typically lack of educational opportunities that lead to low skills for entry into the open labour market as well as negative attitudes towards disability and inaccessible workplaces that limit the employment opportunities for disabled people. Similarly, disabled people are socially excluded and isolated both within their families and broader communities. While this pattern is clear for the traditional category of disabled people, it is not clear for the less traditional group of people who live with a chronic illness, moderate rather than severe activity limitations, and particularly the growing segment of ageing people in all populations globally. For example, people living with rheumatoid arthritis have a high rate of unemployment resulting from the consequences of the chronic illness, and older people are often neglected and isolated.

Research in this area will focus on developing clear conceptualizations of the different components within the disability experience, developing measures for these concepts, and investigating the different relationships and interactions among the different components, their roles as key determinants of health, and the experience of disability itself. This research will

lead to policies that take this information into account to ensure effective provision of services, both health and beyond health, to meet the needs of people living with chronic illness, activity limitations and ageing. Furthermore, the development of these concepts, measures and analysis of interactions will provide a strong basis for monitoring and evaluation of health and other interventions, their impact on the determinants of health and on health outcomes among disabled persons.

(3) Disability and Disaster

- Dr Asha Hans, Women's Studies, Utkal University, India and Ashok Hans, Head, Shanta Memorial Rehabilitation Center (SMRC), India (Stream Leaders)
- Valerie Scherrer, Handicap International (Bangladesh)
- Anne Hayes, Center for International Rehabilitation (CIR)
- Moira Horgan-Jones, Disabled Peoples International, Canada
- Dr Jose Azoh Barry, Consejo Social de la Frontera Norte /COSOFO AC (Northern Border Social Council), Mexico
- Professor Imtiaz Ahmed, Department of International Relations, University of Dhaka, Bangladesh
- Monica Bartley, Statistical Institute, Jamaica

Disabled persons suffer disproportionately during disasters. Disasters not only create impairment, they also further discrimination against already disabled people, compromising the determinants of their health and creating conditions for the worsening of their overall health and well-being. As well, social exclusion and systemic undervaluing of disabled people perpetuate a cycle of poverty and isolation that is heightened during disasters. The exclusion of disabled people from the governance of disaster preparation and response is particularly problematic, and contributes significantly to the worsening of their well-being during disasters. Understanding these issues is problematic as there is inadequate documentation of the structural, social, financial and cultural barriers to improving the health and well-being of people with disabilities, in general, and during disasters in particular.

The proposed research focus on disability and disaster is the first step to ensure the mainstreaming of disabled people at all levels of disaster management. As well, the inclusion of disabled people as active participants in all aspects of the research, will ensure that these important issues requiring continuous sensitization, study and research, are informed by the life experience of disabled people.

(4) Social inclusion and support for people living with chronic illness, activity limitations and/or ageing

- Dr Ecaterina Vrasmas & Dr Traian Vrasmas, RENINCO, Romania (Stream Leaders)
- Dr Margrit Eichler – Department of Sociology and Equity Studies in Education, Ontario Institute for Studies in Education, University of Toronto
- Ms Marguerite Schneider, Human Sciences Research Council, South Africa
- Professor Lenore Manderson, Monash University, Australia
- Professor Siriporn Chirawatkul, Khon Kaen University, Thailand
- Professor David M. Ndetei, Africa Mental Health Foundation, Kenya
- Dr Nora Groce, Yale University, USA

Research has now clearly documented the relationship between social position and health. The Whitehall Studies of British civil servants was one of the first of these studies, documenting a clear gradient of health, with people in lower social positions (e.g. low-income, education and occupational status) having worse health than those in more favoured positions. Manderson's current research in Southeast Asia (Thailand, Malaysia, Laos and Myanmar) and in Australia reinforces the links between poverty and inequity, compounded for individuals with chronic illness or impairment. Recently, there has been a growing understanding that social inclusion is a key underpinning factor and determinant of health. Social inclusion has three dimensions: self-determination, democratization, and equality. To the extent that people have control over their lives, participate in decisions that affect them, are treated with dignity, and are able to contribute to society and to benefit from the results of their contributions, they experience social inclusion and positive health outcomes.

The relationship between disability and social exclusion, and the links between these factors and social capital, is complex. On the one hand, living with chronic illness, activity limitations and ageing is one of the risk factors for becoming socially excluded. On the other hand, being socially excluded is in itself a risk factor for developing chronic illness and activity limitations. Lack of access to services or being excluded from using services can result in a minor ailment becoming a permanent impairment for a person. Individuals who are marginalized as a result of poverty and impairment tend to have poor social support, limited networks and low social capital, all contributing to their disablement. The proposed research will explore a) the construction of social exclusion among disabled people, who typically experience the most profound social exclusion in any society; b) how social exclusion is linked to unemployment, poor skills, low income, poor housing, crime, family problems, limited access to services, and ultimately to poor health outcomes; and c) the effects of social inclusion in the lives of disabled people and its relationship to positive health outcomes. The work of this research stream will enable us to explore the conceptualization of social inclusion in different country settings, map its relationship to health, and inform policies to enhance social inclusion and health outcomes, not just for people with disabilities, but for any group or population experiencing social exclusion.

5. ACTIVITIES

5.1 YEAR ONE

5.1.1 Secretariat

The budget provides for US$ 30,000 to enable the establishment of a secretariat, development and maintenance of website and list-serve, teleconferences among governing council members, development of grant proposals for funds for core support for the operating of the Network, and secretariat support to each research stream engaged in proposal development for future activities of the Network.

5.1.2 Management of research networks

Throughout the year, several meetings of members of the Network in each research stream will be convened by conference call and through the interactive website (discussed below) to share results of work to date, emerging issues and research in each of the thematic areas. *The budget* provides for US$ 10,000 to cover costs of conference calls and other administrative costs associated with meetings. Partners will also take advantage of other opportunities to meet informally throughout the course of the initiative (e.g. at conferences, while doing other research, etc.).

5.1.3 Development of concept papers

Following initial team meetings and/or a research priority meeting, the Network will develop Concept Papers for each research stream, including objectives, potential scope of work to be undertaken, rationales for undertaking that work, potential outputs and outcomes. The Concept Papers will be circulated to other researchers identified at the initial meetings and subsequently. They will be invited to provide input to the Concept Papers and to collaborate with the Network and initial team members in furthering the research agenda. Interested researchers will comprise "core research team" members in any given stream. It is envisaged that the core research team for a given stream would comprise from five to fifteen people, operating as a hub for diverse researchers and networks across each stream. The Network will revise and finalize the Concept Papers, based on input gathered at the first meeting of core team members.

The budget provides for the allocation of US$ 80,000 for the priority meeting at which a strategic plan will be developed by core participants of the Network. The funds also enable the development of Concept Papers; partners in each of the streams would contribute additional in-kind resources.

5.1.4 Development of scoping documents

Guided by the Concept Papers, a Scoping Document will be developed for each stream to further detail on the "state of the art" in research within a given stream, laying out with more methodological rigour the current gaps in knowledge and needs for new research, and detailing the financial and other implications of undertaking that work (i.e. a feasibility component). One team leader in each research stream would lead this research, with research assistance and other staff support from others engaged in research within each stream. The Concept Papers and Scoping Documents will provide a solid orientation to the state of the art of research in any given research stream, and an overview of key research priorities/gaps and a general work plan to close those gaps.

The budget provides for the allocation of US$ 40,000 for the development of Scoping Documents; partners in each of the streams will contribute additional in-kind resources.

5.1.5 Major meeting/workshop

A design meeting will be convened to bring together the lead researcher and select others from the Network to discuss the concept papers and scoping documents across streams, to obtain consensus on the research issues, priorities and proposed research agenda and work plans, to identify questions related to research capacity development, and to broaden and extend the networks of research partners.

Each research team would be invited to meet by conference call prior to the design meeting to discuss their respective Concept Papers and Scoping Documents, make revisions and develop a general work plan. They would also provide names of people working in the broader research community (e.g., those who may not be placing a specific focus on disability, but who may be open to doing so) who may be interested in furthering the research agenda in a given stream. *The budget* provides for US$ 40,000 to offset travel, accommodation and hospitality costs for the Design meeting. Costs beyond this would be covered by in-kind contributions from research partners.

5.2 YEAR TWO

5.2.1 Secretariat

The budget provides for US$ 30,000 to provide core support for the secretariat, maintenance of website and list-serve, teleconferences among governing council members, development of grant proposals for funds for core support for the operating of the Network, and secretariat support to each research stream engaged in proposal development for future activities of the Network.

5.2.2 Management of research networks

Throughout the year, several meetings of research networks in each research stream will be convened by conference call and through the interactive website (discussed below) to share results of work to date, emerging issues and research in each of the thematic areas. *The budget* provides for US$ 10,000 to cover costs of conference calls and other administrative costs associated with meetings and outreach to extend the research network within each stream. Partners will also take advantage of other opportunities to meet informally throughout the course of the initiative (e.g. at conferences, while doing other research, etc.).

5.2.3 Development of proposals

Expressions of interest will be sought from the wider research community to work with the core research team in each research stream to develop proposals, seek out funding sources and to work in collaboration with the core research team on the key research priority identified in the Concept Papers and Scoping Documents. Staff support by the secretariat would be made available to team members to assist with proposal development. Senior secretariat staff would also be made available to work with designated team members to meet with potential funders,

develop proposals, etc. *The budget* provides for an allocation of US$ 20,000 to develop proposals and explore funding opportunities.

5.2.4 Project work

Each research stream will engage in priority research identified in the work plan. *The budget* provides for US$ 80,000 for initial project work. The extent and scope of the research conducted will vary by stream, depending on the amount of outside funding that can be secured by each research team.

5.2.5 Major meeting/workshop

For each research stream, a three-day workshop will be convened with the research teams to develop a conceptual framework and to reach consensus on select indicators to be monitored and tracked across each thematic area, to develop aims and objectives of research studies, and to prepare research proposals. *The budget* provides for US$ 30,000 to offset costs and travel subsidies for partners needing assistance for travel to the meeting, including workshop facilitators providing support for the development of proposals.

5.2.6 Dissemination

Members of the Network will explore publishing options, possibly through collaboration with existing journals, with the aim of producing a special issue and mentoring publications of members on a regular basis.

5.3 YEAR THREE

5.3.1 Secretariat

The budget provides for US$ 30,000 to provide core support for the secretariat, maintenance of website and list-serve, teleconferences among governing council members, development of grant proposals for funds for core support for the operating of the Network, and secretariat support to each research stream engaged in proposal development for future activities of the Network.

5.3.2 Management of research networks

Throughout the year, several meetings of members of each research stream will be convened through conference calls and the interactive website to share results of work to date, emerging issues and research in each of the thematic areas. To cover meeting costs, US$ 10,000 has been allocated in the budget.

5.3.3 Project work

Project work continues on each thematic area and stream. including developing plans for future plans for training and IT delivery. *The budget* provides for US$ 30,000 for project work.

5.3.4 Major meeting/workshop

A major meeting will be held bringing together all research streams and relevant policy-makers to discuss the policy implications of the Indicators Report and as a means of sharing research findings, and to begin scoping out the next phase of work, including the identification of emerging/key issues, priorities and proposed research agenda and work plans. Research team members would be expected to find money within their own budgets to participate in the Roundtable.

The budget provides for US$ 20,000 to offset the travel, accommodation, hospitality and venue costs.

5.3.5 Production and dissemination of Baseline Indicators Report

A research compendium centred on the key indicators for each theme will be prepared and published. This would be the first in a series of reports designed to monitor and track key findings of policy import. *The budget* provides for US$ 10,000 to cover the costs of data analysis and report writing, layout, design and production costs.

5.4 YEAR FOUR and beyond

By Year Four, it is expected that sufficient resources will have been secured for core support of the Network and for its research activities, to enable it to achieve independence from the Global Forum.

6. DISSEMINATION STRATEGIES

A Baseline Indicators Report will be published in Year Three and will serve as a major vehicle for the dissemination of results. The results of the different project streams will be disseminated through scholarly and community publications of members of the Network. Dissemination of ongoing project results will take place in the release of publications, speeches at conferences and symposia, and through media releases. The major meeting at the end of Year Three (5.3.4 above) will share results of the work of the Network with the broader disability and research sectors and with policy-makers. The Network's interactive website will be used to ensure a broader reach of research results. As well, co-publishing possibilities with the Global Forum for Health Research would be explored as a potential vehicle for furthering the reach of the Network.

7. SUMMARY OF PROJECT DELIVERABLES

Year One

- concept papers and scoping documents for each research stream, including objectives, potential work to be undertaken, rationale, potential outputs and outcomes
- extension of research network for each stream
- Secretariat established
- interactive website
- scoping document on training and development needs of young researchers.

Year Two

- research proposal priorities
- one proposal from each stream developed and submitted for funding
- development of proposals for research capacity building for young researchers
- funding proposal submitted for research capacity building
- preliminary reports of research project activities.

Year Three

- Secretariat funding secured for next 5 years
- Baseline Report for each thematic area, with key indicators
- more research proposal development
- Interim Reports of research project activities.

8. BUDGET (US$)

Activity	Year One	Year Two	Year Three
Establishment and maintenance of Secretariat, website, list-serve, conference calls and application for grants for core support	30,000	30,000	30,000
Management of networks	10,000	10,000	10,000
Preparatory meetings, development of strategic plan, and development and circulation of Concept Papers	80,000		
Development of scoping papers	40,000		
Development of research proposals		20,000	
Project work		60,000	30,000
Major meeting/workshop	40,000	30,000	20,000
Production and dissemination of Baseline Indicators Report			10,000
Total funds sought from Global Forum	**200,000**	**150,000**	**100,000**
Funds from other sources	**undefined**	**At least 50,000**	**At least 100,000**
Total budget	**US$ 200,000 +**	**US$ 200,000+**	**US$ 200,000+**

9. BENEFICIARIES

a. People with chronic illness, ageing, activity limitation, mental health issues and different ways of learning; their families, supporters, and organizations; and the general public, will have improved access to research information, findings and indicators on disability, health research, equity and social inclusion to increase the transfer of knowledge.
b. Policy analysts and policy-makers will have ready access to research findings on disability and health research, equity and social inclusion that have been reviewed for research quality and validity.
c. Policy analysts and policy-makers will also have access to sets of indicators for the determination of health (e.g. indicators of social inclusion of disabled people, including inclusion in employment and income; literacy, learning and training; governance of ethics, values and new technologies; personal safety and security; well-being and development; disability support, including for children and families).
d. Researchers in the disability studies field will be more effectively linked in developing a shared and coordinated agenda for research on disability, public and private sector policy, health research and equity.
e. Researchers in low- and middle-income countries, and researchers everywhere who have been marginalized because of impairments, will have increased capacity to conduct research on disability, social inclusion and related policy, aimed at improving the overall health status of disabled people.

10. OUTCOMES

The project will support research efforts to explore the impact on health and well-being among people living with chronic illness, activity limitations and ageing arising from societal values, public policies, jurisprudence, learning environments, health economies and new technologies in an increasingly global economy. It will generate and evaluate analytic frameworks and indicators for understanding these risks, and will facilitate the transfer and dissemination of this information and analysis to policy-makers, employers, educators, workers in the social welfare, justice and health systems, scientists and the broader public. The project will also provide a link between communities of people experiencing disability and the broader scientific community in the social, clinical and non-clinical sciences. It will lead to the development of indicators, tools and methodologies for responsive and responsible decision-making and implementation strategies affecting public policy, professional ethics, labour markets, legislation and jurisprudence, and the delivery of a broad range of impairment-specific and generic social supports, programmes and services. Finally, the project will help to ensure globally that there are highly qualified and broadly trained researchers to generate new knowledge and tools to foster social inclusion and citizenship and health equity, and to protect human dignity and promote human rights.

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ANNEX 1: BIONOTES OF GOVERNING COUNCIL

Monica Bartley
Mary Chamie
Asha Hans
Ashok Hans
Moira Horgan-Jones
Lenore Manderson
Pia Rockhold
Marguerite Schneider
Gregor Wolbring

MONICA BARTLEY

Monica N. Bartley is Director of Administrative Statistics, Statistical Institute of Jamaica. Her responsibility in the Institute is to implement plans and programmes, including the compilation and analysis of data for the various statistical reports relating to economic indices and international trade. She was also a Researcher with the Center for International Rehabilitation (CIR) where she conducted research for Jamaica for the International Rights Monitor (IDRM).

She is well known globally as a Disability Leader. Her involvement with the disability movement started in Jamaica in 1975. In 2003 she became the Chairperson of the Combined Disabilities Association, the local organization of Disabled Peoples' International North America and Caribbean Region. Here she is involved in advocacy on disability issues as well as the implementation of various projects executed by the organization, involving research and analysis of the survey results. Monica has served on the U.N. Panel of Experts for the Equalization of Opportunities for Persons with Disabilities and participated in various United Nations Experts Groups such as Disability-Sensitive Policy and Programme Monitoring and the Measurement of Disability. As Convener of the Disability Policy Committee, she was actively involved in formulating the Jamaican National Policy for Persons with Disabilities as well as other disability related policies. In 2004 she became the Chairperson of the Legislation Committee responsible for drafting the Jamaican National Disability Act.

MARY CHAMIE

Dr Mary Chamie is an assistant director of the United Nations Statistics Division. In this capacity, she heads up the Statistics Division's Demographic and Social Statistics Branch. A major responsibility of this Branch is its coordination and collaboration with national statistical offices for the development of concepts, methods and collection of national statistics. Her work includes a wide range of activities covering: population and housing

censuses; related national household surveys; and civil registration systems that report vital events, such as births, deaths, marriage and divorce. Also among her current responsibilities is a wide range of social concerns including those related to: housing and living arrangements; households and families; international and internal migration; fertility; mortality; the situation of indigenous persons and other special population groups, statistical reporting of ethnicity, religion and language; the study of human functioning and disability; population ageing and the status of women. Also in the Statistics Division, she has worked extensively in the area of statistical classifications, with special attention to social and economic concerns.

Dr Chamie has lived and worked for a number of years in South and Western Asia. During her professional career with the United Nations, she has travelled to all continents and many countries for various work assignments. Most recently, her overseas trips were for the purpose of undertaking population and housing censuses in Afghanistan and Iraq. She is deeply concerned with issues of social and economic development and has authored a number of books and articles, with many focused on development, the status of women and human functioning and disability. Earlier in her career, Dr Chamie developed the international statistical programme on human functioning and disability for the United Nations and continues to lecture and work on this topic.

ASHA HANS

Asha Hans has been a Professor of Political Science and Women's Studies at Utkal University since 1979 and the Director of Women's Studies, NISSWAS since 2005. She has diverse experience in the fields of governance and women's and disability rights, at national and international levels, working with universities, research organizations, international organizations, bilateral and multilateral donors, nongovernmental organizations and communities. She now heads a Gender Institute (Sansristi) and heads the gender unit of the Shanta Memorial Rehabilitation Center (SMRC). She has extensive advocacy and policy-making experience at international and national levels. She was a representative to the first UN General Assembly Consultations with Civil Society in 2005. She has represented South Asia Civil Societies in the United Nations Global Partnership on Conflict Prevention (GPACC). Professor Hans was a delegate member of the International High Level Dialogue Team to Nepal (2004) to initiate peace talks between government, opposition parties and insurgents.

Professor Hans has received innumerable awards including a Public Award from the State of Arkansas, USA and Public Award from the City of Hartford, USA. Among the internationally recognized research fellowships awarded to her have been a Fulbright Fellowship and the SSRC, USA, the Kathleen Ptolemy Award Canada and the Research Scientist UGC India. She has been an invited scholar to Indiana State University (USA), a consultant to Camerini Films New York, and a Research Advisor for the National Commission for Women in India.

Professor Hans is an Executive Council Member of the Indian Association of Women's Studies and a member of the Indian People's Tribunal. She is an advisor to various Women's Studies Departments in India including Andhra University, Jadavpur University and Chhatisgarh University, India. She is also an advisor to many organizations such as the Centre for World Solidarity Hyderabad; the Calcutta Research Group; and UNDP and UNFPA in drafting the Indian Country Plans. She is a member of the International Studies Association,

the International Medical Society of Paraplegia and the Indian Political Science Association, she is a member of international research networks FEDEM (Columbia University USA); WICZNET (York University Canada) ; IIPE (Columbia University USA) SANGAT (South Asia); and Circles of Support for Disability (Dortmund Germany). She has worked in close collaboration with Columbia University USA, York University Canada, United Nations University of Peace, Oxford University; Sabanci University, Turkey; UNDP, UNIFEM, UNHCR, UNFPA and UNICEF, DANIDA, DFID, the Government of India and Government of Orissa.

She has written six books and 40 international and national (refereed) articles, mostly on various subjects related to rights, protection and care including women and disability. She has written one of the few books available on women and disability. She has lectured extensively in India and abroad and has been a plenary conference speaker and lead speaker at various international and national workshops of repute. She has organized international and national level conferences, training workshops and public lectures. She has carried out nationally important projects such as Gender Development Index (UNDP), Gender Budget (DFID; UNIFEM), Micro-credit (Commonwealth Foundation; GFK) Violence against Women and Role of Media (Rosa Luxembourg Foundation) Gendered District Mapping, and Disaster Management (Govt. of India). She has organized training of teachers in gender issues, health, peace and conflict and governance.

ASHOK HANS

Ashok Hans set up the Shanta Memorial Rehabilitation Center (SMRC) in 1985, an organization working on disability issues. Since then he has headed the institution, which provides services as well as campaigns for disability rights.

As early as 1986 he campaigned for inclusion of persons with disabilities in the work force and training for high technology jobs such as electronics and computers. In 1989 he started a campaign for safety, which included training on critical care for industry workers and a safety campaign for the use of safety belts and helmets by school children. In 1991 he started campaigning for Spinal Injury services in the region. As a member of the International Medical Society of Paraplegia he received their support for this and organized a conference on the subject in India. As a result, the Government of India finally established the Regional Spinal Injury Centre. In 1991 he also started one of India's first campaigns and programmes on disability for indigenous peoples and worked in the most isolated regions of the country in the District of Nabarangpur. He also started to campaign for children's rights and women's rights. He joined the campaign for a Disability Act and later for its implementation. He was one of the first persons in India to fight for the voting rights of disabled people. He has enabled research in the fields of spinal injury, prevention of disability, and disaster management and response.

Among other awards he has received the prestigious National Disability Award presented by the President of India. As Vice President of the Abilympic Committee he helped organize the International Abilympics in India. SMRC is the only NGO in India to be accredited to the UN Ad Hoc Committee on Disability. His most important work now is to initiate a global campaign on inclusion on Disability in Disaster Management and Response. Starting this work

in 1999, Ashok has managed to get the campaign noticed by the international community. He organized an international satellite meeting on "Setting International Standards for the Inclusion of Disability in Disaster Response" at Forum 9, the Global Forum for Health Research's 2005 annual meeting in Mumbai, India.

MOIRA HORGAN-JONES

Moira Horgan-Jones has worked in the area of disability for the past 30 years as a consumer, mother of a child with a disability, volunteer and in her career. She has a strong background in community development and prior to her international work, had worked at the community level in all provinces in urban and rural Canada. Her goal is to develop process and methodologies to assist communities and organizations to become visionaries in the pursuit of their goals and objectives, with particular skill in partnership building as a means of influencing and creating change. She managed National Access Awareness Week, a partnership of federal, provincial and municipal governments, 1,000 communities, 40 national organization and 15 major corporate sponsors. She has piloted the development of several national networks. She is the author of *Opening Horizons*, success stories of entrepreneurs with disabilities, written for the business service sector to encourage them to consider persons with disabilities as entrepreneurs. As an entrepreneur, she has built three successful businesses Keltica, The Celtic Shoppe and M Jones Consulting & Associates. Moira has most recently been the Executive Director of Disabled Peoples' International.

LENORE MANDERSON

Lenore Manderson is a research professor in the School of Psychology, Psychiatry and Psychological Medicine at Monash University, Melbourne, Australia. She is one of Australia's most senior social scientists, internationally renowned for her work as a medical anthropologist and social historian, and in sociology and public health. She holds an inaugural Australia Research Council Federation Fellowship. Under this prestigious award, she is conducting research on chronic illness, disability, social relationships and well-being, including an interdisciplinary multi-country study on the social and cultural impact of impaired mobility in Australia, Thailand, Malaysia, Lao PDR and Myanmar. She was Professor of Women's Health at the University of Melbourne (1999-2005) and Director of the Key Centre for Women's Health in Society (1999-2002), and prior to that, from 1988-1998, Professor of Tropical Health at the University of Queensland. Her teaching focuses on postgraduate training, supervising to graduation 45 PhD and 40 honors and masters students. For the past 16 years, she has worked extensively to strengthen institution capability and develop research capacity in the social sciences and health, particularly since 1988 in resource-poor environments in association with the Special Programme for Research and Training in Tropical Diseases (TDR), and with several multilateral agencies and research organizations including UNFPA, the Population Council and the Social Science Research Council. With support from the Global Forum on Health Research, she convened the first international consultations on Initiatives on Sexual Violence against Women in Melbourne, May 2000, setting in train the establishment of the Sexual Violence Research Initiative of the Global Forum.

As a researcher, Professor Manderson has worked in Australia with Anglo-Australian, Indigenous and immigrant populations, and in China, The Philippines, Malaysia, Thailand and Ghana. Much of her work has important translation aspects, in Queensland resulting in a new strategic plan and statewide programme of enhanced services for Indigenous women; in Melbourne with the Royal Women's Hospital leading to a variety of resources for health providers and women from culturally and linguistically diverse backgrounds. Her current research on disability feeds into an international programme clarifying the classification of functioning to enhance rehabilitation and ongoing support of people with impairment.

Professor Manderson is the author of 16 peer-reviewed books, 200 peer-reviewed journal articles, and a total of 350 publications including among recent works, *Global Health Policy, Local Realities* (ed. 2000), *Violence against Women in Asian Societies* (ed. 2003) and *Rethinking Well-being* ed., 2005). She is on the editorial boards of ten international peer-review journals. She was elected as a Fellow of the Academy of Social Sciences in Australia in 1995, and a Fellow of the Society for Applied Anthropology (USA) in 2002; she is chairperson of its Malinowski Award Committee. She was elected to the World Academy of Art and Science in 2004 in recognition of her work exploring the social consequences and policy implications of knowledge. She holds honorary professorial appointments at the School of Public Health, University of Witwatersrand, South Africa, The Faculty of Medicine, University of Malaya, Malaysia and The Faculty of Nursing, Khon Kaen University, Thailand.

PIA ROCKHOLD

Pia Rockhold works with HDNSP (Human Development Network, Social Protection) at the World Bank. She is a specialist in public health, health care services, epidemiology, environmental health, water and sanitation, and community development at the World Bank. Earlier she worked for eight years in the Technical Advisory Services, Ministry of Foreign Affairs, Denmark, and in the Copenhagen University Hospital, as a medical doctor in the Department of Tropical and Infectious Diseases and the Department of Anaesthesia. She was also a general practitioner at Vimmerby Hospital, Sweden.

Dr Rockhold did her PhD in Epidemiology and her Masters of Public Health at the University of California, USA. She holds a Diploma in Tropical Medicine, Psychoanalysis, Leadership and Psychology from Copenhagen University, and a Certificate in Tropical Epidemiology from the Nordic School of Public Health, Sweden. She also completed a course on Malariology at the Karolinska Institute, Stockholm, Sweden. Her academic training covers a broad spectrum of International Development aid courses including macroeconomics, good governance, human rights and team leadership.

As a physician she has had extensive experience in the management and administration (planning, implementation, coordination, monitoring and evaluation) of Public Health projects and programmes in developing countries in Africa and Asia, especially in the fields of health care delivery and financing, hospital rehabilitation, community health, nutrition, environmental health, water and sanitation, HIV/AIDS, maternal & child health and tropical health; research methodology, operational research, data management and analysis; and epidemiology of nutrition, infectious and parasitic diseases. Dr Rockhold's work has incorporated Malawi, Uganda, Rwanda and Sudan in Africa, China, India, Thailand, and

Vietnam in Asia, and Nicaragua, Greenland, Jordan and Israel. Her work has covered different aspects of health service assessments of hospitals, water and sanitation projects, and the health systems of various countries. For the Swiss Development Co-operation she carried out the Global external evaluation of the Council for Health Research and Development (COHRED).

Other achievements have been serving as Chair of the Advisory for the Masters of International Health, 2002-2005, member of the Board of Directors for the Danish Bilharziasis Laboratory, 1997-2005, and member of the Board of the WHO/FAO collaborating Centre for Parasitic Zoonoses, 1998-2005. Her publications include papers for the Ministry of Foreign Affairs, Denmark based on in-depth studies and evaluation of malaria prevention and control, the Onchocerciasis Control Programme, and health systems research.

MARGUERITE SCHNEIDER

Marguerite Schneider is a Chief Research Manager in the Child, Youth, Family and Social Development Research Programme at the Human Sciences Research Council, South Africa. She initially trained as a Speech Therapist and Audiologist but since 1995 has been involved in research on disability. Her work initially focused on community-based rehabilitation and the provision of services within the health system in South Africa. When working at the Community Agency for Social Enquiry (CASE), a non-profit social research organization, she was the principal investigator of the first national survey on disability in South Africa undertaken for the National Department of Health.

In 1999 Marguerite joined the World Health Organization's team involved in the revision of the International Classification of Functioning, Disability and Health (ICF) and worked specifically on finalizing the classification of environmental factors. On completion of the ICF, she worked on the World Health Survey (WHS) programme within WHO and was responsible for overseeing the running of the WHS in 18 African countries. In March 2004, she started working at the HSRC in Disability Studies developing the research agenda around disability.

Her areas of research interest include disability assessment and measurement, disability in relation to inclusion and poverty, public health and disability, and community-based rehabilitation (CBR). Her current research foci are on assessments for disability related social security; developing a measure of disability for the next census in South Africa, which links into the work of the Washington Group on Disability Statistics of which she is a member; understanding the factors that determine the experience of disability and how these also determine people's self reporting on questions asking about functioning and disability; and investigating the area of skills development and employment for disabled people. Her publications have been mainly in the area of the disability and the role of the environment in disability.

GREGOR WOLBRING

Dr Wolbring is an interdisciplinary health researcher whose interests include variability/disability studies, science and technology, bioethics and biochemistry, medical anthropology, models and determinants of health, disease, well being, disability and impairment, human rights, personhood and sentient right. Dr Wolbring works as a Biochemist at the Department of Biochemistry and Molecular Biology, Faculty of Medicine University of Calgary, Canada. As an academic at the University of Calgary, Canada, Dr Wolbring holds various posts as Assistant Professor in the Department of Community Health, Faculty of Medicine and Assistant Professor at the Department of Community Rehabilitation and Disability Studies in the Faculty of Education. He is also an adjunct Assistant Professor with the John Dossetor Health Ethic Center, University of Alberta, Edmonton, Canada and a Fellow at the Institute for Population Health, University of Ottawa.

Dr Wolbring is well known globally for his contribution to Nanotechnology. He is a founding member and distinguished fellow at the Center for Nanotechnology and Society at Arizona State University, USA as well as a member CAC/ISO – Canadian Advisory Committees for the International Standardization Organization, Section TC229 Nanotechnologies. He is a founder and executive director of the International Center for Bioethics, Culture and Disability as well as the founder and coordinator of the International Network on Bioethics and Disability. He is a member of the Executive of the Canadian Commission for UNESCO and the Chair of Disabled People's International Bioethics Taskforce. He is also a member of the International Nanotechnology and Society Network and a member of the Steering Committee of the International Disability Health and Well-being Research network.

Dr Wolbring is the author of more than 50 publications in the last five years. Among these are pieces for the Study Commission on the Law and Ethics of Modern Medicine of the German Bundestag (2001) and the Health Technology Assessment Unit of the Alberta Heritage Foundation for Medical Research. He has given over 150 lectures in the last five years and has developed a variety of online courses and teaches online. He works with a variety of groups on a variety of issues in low-, middle- and high-income countries. Gregor's web page is: http://www.bioethicsanddisability.org and blog: http://wolbring.blogspot.com/

'Sponsorship' of satellite meetings at Forum meetings

Note by the Secretariat

Structures within Forum Meetings

The annual Forum contains a number of key elements that are organized by the Global Forum for Health Research and where the selection of topics and speakers are fully under its control:

- Plenary sessions (which may include presentations, panel discussions interacting with audience)
- Parallel sessions (which may include presentations, panel discussions interacting with audience, workshop formats)
- Poster sessions (for display of a paper and face-to-face discussion between author and Forum participants)
- Marketplace (for display and dissemination of organizations' materials and face-to-face discussion between stall-holder and Forum participants)

There is also a 'Special Session' timetabled one evening during the Forum. Applications are received from a range of organizations, Boards, Committees or less formal groups of collaborators, who wish to have a meeting at this time. There are generally more applications than rooms available and the Global Forum reviews all applications received. It makes its selection based on the relevance and importance of the topic and the likelihood that it will be of specialist interest to some section of those participating in the Forum. Once the overall theme and purpose of the Special Session have been approved, the precise format, content, speakers, etc. are left to the proposers of the Special Session.

All of the above have evolved as 'core' elements of the annual meeting and details about them are provided in the Forum Programme. In no case is there any commercial sponsorship of any of these elements.

Additional Satellite Meetings

A number of organizations, networks, initiatives and academic groups show interest in holding their own meetings 'back-to-back' with the Forum. Each year, the Global Forum agrees to designate a number of these meetings as officially linked 'satellite' events, based on the relevance of the overall theme of the meeting and the likelihood that it will be of interest to some section of those participating in the Forum. In this way, the number of Forum participants is increased by attracting those who have a major interest in the satellite event, and for the participants there is a time and cost efficiency in attending two consecutive meetings at the same location.

Once the Global Forum has agreed that a given meeting can be designated as a satellite meeting of the Forum, all the arrangements for the meeting, including its precise format, content, selection of speakers, printing of programme, are left to the organizers of the satellite event. The Global Forum's involvement is restricted to:

- allowing the satellite meeting organizers to contact the hotel that is the venue of the Forum and, while making their own arrangements for running their event, to benefit from the special rates for bedrooms and meeting facilities that have been negotiated as part of the Forum package;
- the dates and title of each approved satellite meeting, and contact details of the organizers, are included in the programme published in advance for the Forum, so that Forum participants are aware of the additional events and can make their own arrangements to extend their stay if they wish to attend a satellite event.

The Question of Sponsorship of Satellite Meetings by the Private Sector

Towards the end of 2005, we received an approach enquiring whether it would be possible to hold a satellite meeting involving a diabetes workshop or seminar to run a day or two before Forum 10, to which would be invited a range of national, regional and international stakeholders. Probable invitees, presenters and discussion leaders might include the likes of Professor Martin Silink, who becomes International Diabetes Federation President in 2006 and Professor Pierre Lefabvre, who will then be Immediate Past President. Also among those invited would be key government health experts and public health specialists from Egypt and the surrounding region, who may wish to learn from initiatives in research on diabetes and make some input to the discussions. It was proposed that the satellite meeting would be supported by a pharmaceutical company.

Given that satellite meetings themselves are not actually organized by the Global Forum for Health Research, but rather acknowledged as independent but linked events in the Forum programme, it was not clear whether such a proposal might be acceptable. In particular, it was noted that this situation had not been specifically covered in the range of possible cases of private sector funding that had been covered in the paper 'Funding from the private sector' which had been considered by the Foundation Council at its meeting in Mumbai (this document is appended here, for ease of reference). This document had only considered cases of direct private sector funding of the Global Forum's own activities and not the issue of private sector funding of other people's activities if these were given some official link to events such as the Forum.

Accordingly, the Chairs of the Foundation Council and STRATEC were consulted for guidance and the advice they gave was that the question should be circulated to all members of the Foundation Council for comment. This was done, and a rapid response was received from virtually every member of Council. Two very clear results emerged from this consultation:

- a very large majority of the Foundation Council stated that they were not in favour of allowing private sector sponsorship of satellite meetings associated with Forums;
- several members of the Foundation Council requested that the issue be brought up for discussion at the next Council meeting.

Funding from the private sector[1]

Under what circumstances is it acceptable for the Global Forum for Health Research to accept funding from the private sector?

1. Introduction

The private sector is of considerable interest as an object of study and potential target for influence for the Global Forum:

- The Global Forum's work on tracking resource flows for health research includes the collection of data on the private sector. Some 48% of the US$ 105.9 billion invested globally in health research in 2001 was expended by the pharmaceutical industry and we would like to have much more detail about how much of this spending is relevant to the health problems of developing countries.
- Public-private partnerships have become of major importance in the development of new drugs for neglected diseases and the Global Forum has begun expanding its advocacy, analytical and brokerage work in this field following the winding down of IPPPH in 2004. (A separate Concept Paper on this is being presented to the Foundation Council.)
- Several 'innovative developing countries' have recently emerged as significant global contributors to R&D in the health field. The Global Forum is interested in tracking this new field and in the challenges of how the developing country private sector can be encouraged to address indigenous neglected diseases as well as pursuing high-value developed country markets.

Despite this, the Global Forum has so far had relatively little engagement with the private sector:

- An IFPMA representative sits on the Foundation Council.
- There has been some indirect engagement with the pharmaceutical industry via IPPPH.
- Recently the Global Forum has begun working with a commercial publisher (Pro-Brook, London) on the annual 'Update' book, whose production costs are covered by advertising.

There are several ways in which engagement with the private sector might be intensified to achieve the mission of the Global Forum as it evolves:

- Working more directly with the private sector to collect information on how research resources are used;
- Co-convening meetings, studies, and publications aimed at understanding and influencing research priorities;
- Using resources contributed by the private sector to extend the work and reach of the Global Forum.

2 Funding options and guidelines

There are several ways in which the private sector might contribute resources directly, indirectly or in kind to the activities of the Global Forum. For each possible type of contribution, the Global Forum would benefit from clear guidelines that set the limits and conditions under which private sector contributions could be considered.

The list below sets out some possible categories of contributions and, for each, some possible guidelines – these are intended only as a starting point for debate.

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[1] In this paper, the term 'private sector' covers not only the pharmaceutical industry but also other industries that may be health- or technology-related, commercial publishers and consultancies, IT companies, etc.

2.1 Direct core funding of the Global Forum with non-designated contributions

If a private for-profit company wished to make an annual contribution of undesignated core funds to the Global Forum, would this be acceptable, in principle? Would the Global Forum's image and reputation as an honest broker and independent advocate be compromised by accepting such contributions?

If such contributions were acceptable, in principle, what would be appropriate limits and conditions? For example:

- Might funding be accepted from pharmaceutical companies?
- What other categories of private sector would be acceptable, such as other health-related industries, IT companies, publishers, travel agents, management consultancies?
- What categories of private sector would definitely not be acceptable, such as tobacco, arms or infant feeding formula manufacturers?
- What limit if any, as a proportion of the Global Forum's annual budget, should be set for the contribution by (a) any one private company – e.g. 10%? (b) the aggregate of all private sector donations – e.g. 25%?
- How should the Global Forum work to minimize any adverse effects or impressions created by accepting such contributions?

2.2 Funding for specific project activities

A further option would be for a private for-profit company contributing funding for a specified period of time for all or part of a designated project of the Global Forum such as a study, a publication or a workshop. Would this be acceptable, in principle? Would either the specific activity or the Global Forum's overall image and reputation be compromised by accepting such funding?

If such contributions were acceptable, in principle, what would be appropriate limits and conditions? For example:

- Might funding be accepted from pharmaceutical companies or other categories of private companies, and which categories of private sector would definitely not be acceptable? (see 2.1 above)
- What restrictions would be needed in terms of the connection between a particular company and the area of activity? For example, if a project were being undertaken on the creation/clinical trials of drugs for a particular disease, would any company working in that disease be excluded?
- What limit, if any, should be set for the size of contribution to the project in terms of either (a) absolute magnitude – e.g. US$ 500,000; or (b) proportion of the total cost of the project – e.g. less than 100%?
- How should the Global Forum work to minimize any adverse effects or impressions created by accepting such contributions?

2.3 Funding for elements of the annual Forum

Funding contributions to the Forum might include: sponsorship of events (hospitality); funding for participants; sponsorship of publications, conference bags and folders; payment at commercial rates for a stall in the Forum's Marketplace.

Which of these are acceptable? In each permissible case, what limits and conditions should apply? e.g. in relation to:

- nature of private company acceptable (see 2.1)
- upper limit of amount of funding acceptable
- acknowledgement of sponsorship

- display of logos
- display or distribution of company logos and materials.

2.4 Indirect contributions

Indirect contributions could involve payment to third parties for facilities or services of benefit to the Global Forum. For example, a company might fund an external group to gather confidential information on research spending by disease category and aggregate it before passing it on to the Global Forum.

Is such funding acceptable? If so, what limits and conditions should apply?

2.5 In kind contributions

In kind contributions might include items such as: hosting a meeting and providing travel costs, local transport, hospitality, accommodation; production and/or distribution of paper or electronic publications.

Are such in kind contributions acceptable? If so, what limits and conditions should apply?

2.6 Secondment of personnel to work with the Global Forum

Would it be acceptable for a private company to second someone to work with the Global Forum for a period of time, either on a jointly agreed project or on any of the ongoing core activities of the Global Forum?

If so, what limits and conditions should apply, in terms of origin of staff, duration, number of personnel, areas of project/programme work, rights to products of work?

3 Responsibility, reporting and decision-making

If any categories of funding from the private sector can be considered, then clear guidelines should also be established for overall responsibility. For example, options include:

a All decisions regarding the acceptability of all categories of private sector funding to be taken by the Foundation Council

b (i) Some decisions regarding the acceptability of specific categories of private sector funding to be taken by the Foundation Council – e.g. core contributions; funding for specific project activities;

(ii) some decisions to be taken by the Executive Director in consultation with the Chairs of Foundation Council and STRATEC – e.g. indirect contributions, secondment of personnel to work with the Global Forum;

(iii) some decisions to be taken by the Executive Director in consultation with his Management Team e.g. funding for elements of the annual Forum, in kind contributions.

In cases (ii) and (iii), all decisions taken would be reported to the following meeting of the Foundation Council for information and so that policies could be fine-tuned in the light of experience.

Focusing the Global Forum for Health Research

Note by the Secretariat

A paper entitled 'Focusing the Global Forum for Health Research' was presented to the Foundation Council meeting in November 2005 and was briefly discussed. The Council commented that this should be seen as a 'living document' and that COHRED should be consulted as it evolved. The updated version, reflecting comments and inputs from COHRED, is now presented for information and discussion.

Focusing the Global Forum for Health Research

1 Where we have come from

1.1 Commission on Health Research for Development

The Global Forum for Health Research traces its origins to the 1990 report of the Commission on Health Research for Development.[1] This report noted global inequities in health research and the need to focus more effort on a range of neglected diseases and conditions affecting developing countries, as well as the importance to these countries of research capacity building and evidence-based priority setting in health research.[2] Also among the key observations and recommendations made by the Commission were:

- The Commission estimated that 93% of the world's burden of 'preventable mortality' (measured as 'potential years of life lost') occurred in the developing world.[3] Yet, of the US$ 30 billion spent globally on health research in 1986, only US$ 1.6 billion (5%) was devoted specifically to 'health problems of developing countries'.[4,5] Moreover, of the US$ 1.6 billion, 42% originated in developing countries themselves, with just seven countries accounting for three quarters of this.

- Thus, too little was being invested in research to address the health problems of developing countries, both by the public and private sectors in high-income countries and by developing countries themselves. The Commission recommended that countries should invest at least 2% of national health expenditures to support essential national health research and research capacity development, supplemented by development assistance agencies committing at least 5% of health project aid for these objectives.

Several important outcomes flowed from the work and report of the Commission, including:

- A Task Force was established which paved the way for the creation of the Council on Health Research for Development (COHRED) in 1993. COHRED has championed Essential National Health Research, the development of country priority-setting processes, building country health research capacities and, more recently, the establishment of national health research systems. It is evolving as the promoter of 'country voices' and as a 'Southern alliance'.

- In 1994, the Ad Hoc Committee on Health Research Relating to Future Intervention Options was created under the auspices of WHO, and reported in 1996.[6]

1.2 WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options

The report of the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options[5] was published in 1996 after two years' work. It asserted a continuing conviction that R&D was needed to play a vital role in the prevention and treatment of health problems and that the whole spectrum from biomedical to health policy sciences research was required. It highlighted that a new set of threats to health had joined the familiar problems of infection and malnutrition in developing countries and predicted that noncommunicable diseases would become the leading causes of disability and premature death within 25 years while, at the same time, HIV/AIDS and drug-resistant strains of major pathogens were becoming global challenges.[5,6,7]

Some key points in the Report of the Ad Hoc Committee included:

- The Committee estimated that, by 1992, global annual spending on health research had risen to US$ 55.8 billion, equivalent to just 3.4% of global health spending.
- The findings of the 1990 Commission[8] were reaffirmed by the Committee. It referred to 'health problems that overwhelmingly burden developing countries' and estimated that no more than 5% of the total spent on health research worldwide was devoted to these.[9]
- The Committee recommended that a 'Forum for Investors in International Health R&D' should be formed to provide a mechanism for the review of needs and opportunities for global health R&D – making use of analytical data on disease burden, R&D opportunities and the level of ongoing efforts – to help focus resources more sharply on the highest priorities.

1.3 Global Forum for Health Research

The first Forum (June 1997) launched the Global Forum for Health Research and the Secretariat began formal operations in January 1998, with registration as a foundation under Swiss law taking place during that year.

The Statutes[10] of the Global Forum state the following objectives:

> *The overall objective of the Foundation is to help focus research efforts on the health problems of the poor through an improvement in the allocation of research funds, support of better priority setting processes and methodologies, promotion of relevant research, support for concerted efforts in health research and dissemination of the research findings.*
>
> *The specific objectives of the Foundation are as follows:*
>
> *a) Facilitate the exchange of ideas and the undertaking of concerted efforts among partners by organizing, at periodic intervals, Forum Meetings of interested Parties.*
> *b) Keep informed and exchange information and knowledge about the prioritization efforts in health research and contribute to these efforts in an appropriate way.*
> *c) Support concerted efforts in pursuit of the Foundation's global objective between various actors in the health research field (including, for example: governments, multilateral development agencies, bilateral development agencies, foundations, international NGOs, women's organizations, research-oriented bodies, private commercial enterprises, media).*
> *d) Stimulate the dissemination of essential information in support of the Foundation's global objective.*
> *e) Contribute to the mobilization of resources for health research in line with the Foundation's global objective.*
> *f) Take all actions it will judge appropriate in the pursuit of its global objective.*

The Global Forum soon established analytical work for priority setting, based on the five-step process developed by the WHO Ad Hoc Committee on Health Research. It began to support work on cost effectiveness analysis and initiatives in areas such as research on health policies, malaria, TB, cardiovascular diseases and domestic violence and developed a website.
Forum 2 was held in June 1998 and the first '10/90 Report on Health Research' was issued[11] in mid-1999 with a logo/strapline that read:

Global Forum for Health Research
Promoting Research to Improve the Health of Poor People

The Preface to this first '10/90 Report' explained the term as follows:

> *Investment in health research and development by the public and private sectors amounts to about US$ 56 billion a year. Most of this – a staggering 90% – is spent on research into health problems that concern only 10% of the world's population. As a result, only 10% of the limited funds available for health research is currently used to help improve the health of 90% of the world's population. This grave disparity is widely referred to as the 10/90 Disequilibrium.*

In the first the '10/90 Report', a section on 'Measuring the 10/90 Disequilibrium' recalls the estimates made by the Commission on Health Research for Development in 1990 and continues:

> *Additional estimates for 1992 and 1995 by researchers at Harvard University identified a similar range of imbalance in which only 5-10% of global spending on health R&D was being spent on health issues that affected the large majority of the world's population. These figures are referred to as the 10/90 Gap.*

A later section of the first the '10/90 Report' said that the Global Forum *'will support the promotion of health R&D to help correct the 10/90 Gap, with special attention to the health of the 1.3 billion poor and the development of strategies that can better serve their needs'.*

During the next year, the logo/strapline was adapted to a variant of the earlier one and was used, for example, on the publication[12] in May 2000 of an economic analysis of malaria control:

Global Forum for Health Research

Promoting Research to Improve the Health of the Poor

The second edition[13] of the '10/90 Report', published in mid-2000, also used this version. It reviewed the proceedings of Forum 3 (held in June 1999) and the work programme of the Global Forum, and referred to the creation of several initiatives in which the Global Forum had played varying roles, including the Alliance for Health Policy and Systems Research, Global Tuberculosis Research Initiative, Initiative on Cardiovascular Health in Developing Countries, Medicines for Malaria Venture, a Violence Against Women initiative, Initiative on Child Health and Nutrition, and Initiative on Public-Private Partnerships. By the time this second '10/90 Report' was published, the Global Forum had adopted the expression '10/90 Gap' rather than '10/90 Disequilibrium'.

Later in 2000, the International Conference on Health Research for Development – of which Forum 4 was an integral part – took place in Bangkok, jointly organized by WHO, the World Bank, COHRED and the Global Forum. The third '10/90 Report', published[14] in mid-2002, reviewed Forum 4 and Forum 5 (held October 2001 in Geneva). For this report, the expression '10/90 gap' was incorporated into its logo/strapline, which has remained unaltered since: [14,15]

Global Forum for Health Research

Helping correct the 10/90 gap

The third '10/90 Report' broadened its coverage to include efforts undertaken by a wide variety of actors – including the work of a dozen networks and initiatives – some of which were supported by the Global Forum, as well as the ongoing work of the Global Forum itself. The review included the evolution of the 'Combined Approach Matrix', a priority setting tool that the Global Forum had developed out of the Ad Hoc Committee's five-step process, as well as the priority-setting processes conducted by countries supported by COHRED in the development of Essential National Health Research. The third '10/90 Report' also reflected on the issue of 'governance' of health research, which had been discussed in the Bangkok conference; on the lack of transferability to developing countries of tools and products

developed primarily for resource-rich settings, and on the need for evaluation of the outcome and impact of investments in research capacity strengthening in lower income countries. Results were summarized from the new assessment of global health research spending for 1998 which the Global Forum had conducted and published[16] in 2001. This had broadly estimated that investments in health research had reached at least US$ 73.5 billion by 1998 (about 2.7% of global health expenditure for that year) and emphasized that the exact size of the discrepancy between the magnitude of disease burden in the world and the allocation of research funding which had been captured in the expression 'the 10/90 gap' was not known, but remained enormous.

The fourth '10/90 Report', published[15] in May 2004, continued the trend of reviewing progress by a wide range of actors as well as the recent work of the Global Forum itself. It drew on the work of the Commission on Macroeconomics and Health to emphasize the developmental and economic benefits, as well as the health benefits, brought by the fruits of health research; illustrated the successful applications that were beginning to emerge for the Combined Approach Matrix; documented the progress of sixteen networks and initiatives – of which seven were receiving direct support from the Global Forum, with four of these being under its legal umbrella; and, among several other areas, highlighted issues relating to gender, the Millennium Development Goals and health research in preparation for Forum 8 and the Ministerial Summit on Health Research that were due to take place in Mexico City in November 2004. The fourth '10/90 Report' continued to emphasize the limited direct transferability of the products of research undertaken in high-income countries to low- and middle-income countries (LMICs), complementing the key message on the 'know-do gap' in the 'World Report on Knowledge for Better Health' which WHO issued[17] at the time of the Mexico Summit.

2 Where we are now

By 2006, the Global Forum has established a distinctive presence in the international arena of health research for development. Its activities can be grouped in four areas:

- Annual Forums, providing a focal point for presentations, debates and the energizing of movements to understand and address the gaps in health research;
- Direct engagement with key constituencies such as policy-makers (e.g. ministers of health); development agencies; leaders of foundations; heads of international research organizations; leading academics and researchers; to influence the prioritization of resources and the directions and content of health research towards closing the gaps;
- Research, analysis and synthesis relating to areas such as resource tracking, priority setting, gender and capacity building in health research; and more recently relating to the Millennium Development Goals, poverty, equity, and sexual and reproductive health;
- The generation and nurturing of networks and initiatives in areas identified as critical gaps – many of which were highlighted in the 1996 Ad Hoc Committee Report. Those supported in 2005 include[18]:
    - Alliance for Health Policy and Systems Research
    - Child Health and Nutrition Research Initiative
    - Global Network for Research on Mental and Neurological Health
    - Initiative for Cardiovascular Health in Developing Countries
    - Sexual Violence Research Initiative
    - Road Traffic Injuries Research Network.

In each of these four areas, the activities are supported and the results disseminated by a communications and information programme using a variety of electronic and paper media and diverse formats and styles, to specifically target information to key constituencies.

As a direct expression of its mission, a central element of the work of the Global Forum has been to develop its capacity to track the global resources devoted to health research and to examine and highlight the mismatch between how these resources are allocated and the health

needs of developing countries. The latest report on global totals,[19] published in November 2004 and based on 2001 data, makes the following key points:

- Funding for health research grew to more than US$ 100 billion by 2001, more than triple that reported for 1986 by the Commission.[20]
- Very large changes had also taken place in the burden of disease profile for developing countries since the 1990 Global Burden of Disease study. As predicted by the WHO Ad Hoc Committee,[7] the burden of disease (BOD) due to noncommunicable diseases (NCDs) had increased rapidly. By 2002, the average rate of BOD due to NCDs was already similar in LMICs to that in high-income countries at around 12,000 DALYs per 100,000 population.[21] With the exception of Africa, where the combination of communicable, maternal, perinatal and nutritional conditions still predominated, for all other low- and middle-income countries these conditions had been overtaken by NCDs as the main source of morbidity and mortality and already accounted for over half the BOD; in the case of China, two thirds of the BOD in 2002 was due to NCDs.[22]
- A great deal of research is done globally on NCDs – including a very large proportion of the global total in financial terms. There is no simple means of assessing the proportion of this research that will be of benefit to populations in LMICs, and the proportion of such benefit will depend on a complex interplay of biological, financial, infrastructural and social factors that will vary with time and place.

It is evident that there is a growing convergence of health challenges, including the globalization of both communicable and noncommunicable diseases, and an increasingly pressing need for a global understanding that these are shared problems that cannot be neglected or relegated as being only of regional or local importance.

Complementary to this, the evolving portfolios of work on poverty and equity have highlighted the fact that inequities in health and imbalances in the allocation of resources and in access to the products of research are found in all parts of the world, including within some of the richest countries. There is a need for research which uncovers the ways that discrimination based on differences in wealth, gender, ability, race, social class/cast and ethnicity results in poorer health, less access to services and poorer outcomes of treatment; and which leads to the generation of new ways of overcoming these inequities and providing positive models of health promotion that extend both in and beyond the health sector.

3 Where are we going?

As it moves towards its tenth Forum in 2006 and the tenth anniversary of active operations of the Secretariat in 2008, the Global Forum needs to consider how to position itself in the international spectrum of players promoting health research; where and how to focus its efforts to maximize complementarities and synergies and avoid duplication; and how to ensure that its headline mission and messages remain clear, distinctive and able to galvanize attention and action.

Key questions that need to be considered include:

1. Should the focus be on health research for:
   - 'neglected diseases'
     As evidenced by the list of networks and initiatives that have been fostered and those that are still nurtured, the Global Forum's spectrum of concern has always been wider than just the infectious diseases that predominantly affect developing countries. Attention has also been devoted to other diseases, including noncommunicable ones, and to a wide range of proximal and distal determinants of health.
   - the health needs of populations in 'developing countries'
     As indicated above, these include all three Groups[7] of diseases and conditions that are classified by WHO. But the Global Forum's scope has never been limited to a narrow

focus on the direct prevention and treatment of ill-health. Reflecting WHO's broad definition of health, the Global Forum has addressed the continuum of health research that extends from biomedical sciences to health policy and systems, to social sciences and behavioural and operational research.

- the health of the poor, disadvantaged and marginalized in all countries

There are large numbers of people in developed as well as developing countries who suffer ill-health due to economic, social and other factors. In a world of globalizing perspectives, where should the Global Forum place its emphasis?

2. In which areas should the Global Forum concentrate its efforts to ensure that a critical mass of human and financial resources leads to effective outcomes?
   - Tracking resource flows
   - Direct engagement with key constituencies to influence priorities
   - Convening of an annual Forum, unique in its kind, to bring together policy-makers, funders, controllers and practitioners of research from the public and private sectors and civil society, to create a marketplace for the exchange of ideas and energize movements to close the gaps
   - Research, analysis and synthesis relating to priority/neglected areas
   - The generation and nurturing of networks and initiatives in areas identified as critical gaps
   - Others?

3. How should the Global Forum express its vision and mission so as to communicate forcefully and succinctly its goals and objectives, distinguishing itself from other relevant bodies such as COHRED, the Global Health Council, TDR, etc., and to characterize its own specificity?

4. One strength of the Global Forum is its unique and distinctive position as the only provider of global information on the sources and applications of resources for health research. How should the Global Forum build on this?

This question needs to be addressed from three different but inter-related perspectives: (a) the appearance of the messages issued; (b) the informational content that the messages convey; and (c) the nature of the work undertaken by the Global Forum to generate the information.

(a) The Global Forum has become widely identified with the expression '10/90 gap', which has passed into broad use as a shorthand for imbalances in the allocation of health research resources and has been a valuable tool in capturing attention. It should be stressed that the expression was never intended as a precise quantitative measure. It has been differently stated and interpreted many times, with respect to what the '90' refers to. The quantitative sum of global health resource allocations that are now being applied to address all current, major sources of ill-health in developing countries cannot be measured.
In order to try to preserve clarity and sustain the utility of the term, the Global Forum itself is taking care to place the expression '10/90 gap' in quotation marks and to emphasize its use as a symbol of inequity and as a rallying call for action.

- What further steps can the Global Forum take to retain the freshness, impact and clarity of the expression while ensuring that it is not misinterpreted or misused?
- What additional expressions or formulations can the Global Forum use to convey its messages about global imbalances in the allocation of resources for health research?

(b) In the last year, the Global Forum has increasingly begun to complement its work on tracking the global aggregate of health research resources with efforts focusing on specific components of the global total. These include: studies at the level of specific diseases, conditions, risk factors and approaches that are of predominant importance in

developing countries; in collaboration with COHRED, studies of the investments made by developing countries themselves in health research and capacity strengthening for their own needs; studies of investments in product development and public-private partnerships related to specific diseases; studies of the patterns of spending by the major international research organizations on health research relevant to the needs of developing countries. Through the analysis of these individual components, the Global Forum will focus attention on more specific examples of the '10/90 gap' and provide specific evidence of gaps that need to be filled.

As one example, the Global Forum has estimated that in 2001 the global average of health research investments to address the total global burden of disease was around US$ 72 per DALY, while the investment in HIV/AIDS, TB and malaria (responsible for over 11% of the global disease burden) was only US$ 8.4 per DALY.

Is this the best way to sustain and make concrete the reality underlying the '10/90 gap'? Which areas are the most promising to focus on? How best can the information be presented to draw attention to the unmet needs?

(c) To obtain the data needed for the global and specific studies referred to above, the Global Forum has been working along three tracks: increasing its own capacity to acquire, store, organize, analyse and present data on resource flows; commissioning work from outside consultants and expert groups; and collaboration with other groups that are interested in collecting data on specific issues. What further steps should be taken to advance the Global Forum's capacity and reputation as the focal point of efforts to track resources for health research?

- WHO-CSDH
- PHM/WSF
- PHFI
-

How do GFHR/COHRED Relate

Are we critically reflecting on
- 10/90 gap
- Null-Set
- Small-Small Unit
- forum or pure collection
- No Survey/collection work/research/analysis /publication

Endnotes and References

1 Commission on Health Research for Development. *Health Research: Essential Link to Equity in Development*. Oxford University Press, New York, 1990

2. Some of the key observations and recommendations made by the Commission included
   - There were profound global inequities observed in health. Better health is not only a beneficiary of development but a spur to it as well. Health research – with its two complementary elements of research on country-specific and on global health problems – has a vital role to play in development.
   - In particular, research to support informed and intelligent decision-making deserved the highest priority
   - It was also considered enormously important to strengthen capacities of all scientists, particularly in developing countries, to participate in the effort to advance the frontiers of basic knowledge.
   - Given that funding will always be restricted, it is important to set priorities for health research.
   - Globalization had resulted in an era of global health interdependence.
   - There was a gross mismatch between the burden of illness, overwhelmingly found in developing countries, and investment in health research, overwhelming focused on the health problems of developed countries.
   - International support for research on Third World problems was focused primarily on human reproduction and contraception, tropical diseases, diarrhoea and AIDS. Comparatively neglected were acute respiratory infections, TB, STIs other than AIDS, injuries, chronic degenerative diseases and mental and behavioural problems, all of which were major causes of death and disability. New and rising threats such as substance abuse and occupational and environmental hazards were scarcely researched, as were problems not classified as diseases, such as health information systems, costs and financing, and the wasteful misuse of drugs. Especially lacking was support for research that informs health policy, management and resource allocation decisions.

3. 'Potential years of life lost' were computed by comparing current estimates of mortality patterns in developing and industrialized countries to an arbitrarily assumed full potential of 85 years for every population.

4. The Commission defined 'research directed to health problems of developing countries' as (1) all health research conducted within developing countries and (2) health research conducted in industrialized countries on subjects for which the primary beneficiaries are those in the developing world – mainly research on infectious, parasitic, nutritional and population problems specific to developing countries. Although acknowledged to be of rising importance in developing countries, the principal health problems of the industrialized world, – e.g. cardiovascular disease and cancer – were excluded as advances made in these areas were considered to be often too technology- and cost-intensive for practical use in developing countries.

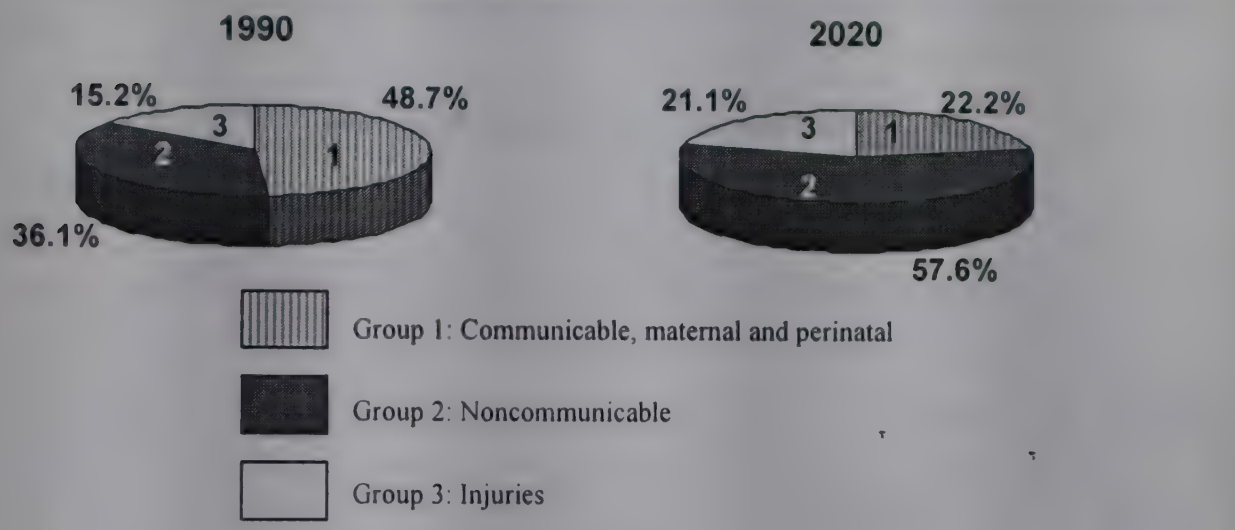
5. WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options. *Investing in Health Research and Development*. WHO, Geneva, 1996.

6. Some of the key observations and 17 specific recommendations made by the Committee included:
   - More attention was recommended for several areas of health research that were already neglected and/or likely to become of major importance for developing countries, including heart disease, mental illnesses, cancers, strokes and chronic respiratory conditions. The Committee noted that only a limited number of the existing treatments for these diseases – developed largely in the industrialized world – were cost-effective. New responses also needed to be developed to improve the efficiency and equity of health services and to address the growing problems of road traffic injuries and interpersonal violence.
   - Systematic priority setting was again highlighted as being of major importance and the Committee offered a five step priority setting tool to contribute to this.
   - Several specific areas were highlighted as being grossly under resourced: e.g.
     - The two largest killers in developing countries in 1990, pneumonia and diarrhoeal diseases, accounted for 15.4% of the BoD but attracted just 0.2% of R&D spending, and much of this was directed towards the development of interventions that primarily benefited people from industrialized countries, such as travellers. There was urgent need for development of a pneumococcus vaccine.
     - R&D investment in TB and malaria were also well below need, and much of the rapidly growing investment in HIV was directed towards chemotherapeutics for established market economies rather than being aimed at cost-effective methods of prevention and treatment that were needed in developing countries.
     - A Health Product Development Facility or Alliance was proposed to focus and synergise the efforts to encourage investors to prioritize the development of a set of products needed to prevent, control and treat highly significant microbial sources of disease burden.
     - To address the lack of investments being made, the Committee recommended the establishment of a Special Programme for Research and Training on Noncommunicable Diseases and Health Aging, and a Special Programme or Initiative for Research, Training and Capacity Building on Injuries.
     - Faced with rapidly growing burdens of noncommunicable diseases, LMICs should significantly increase their strategic research in epidemiology, behavioural sciences and health policy; improve the gathering of basic data mortality, morbidity and disability; and conduct relevant biomedical

research, such as that needed to explain the observed high risk in South Asians of diabetes and heart disease. By contrast, the development of new drugs to deal with NCDs should be a low priority for LMICs because of massive investment in this area in the established market economies

- To address the systemic weaknesses observed in many LMICs and ensure that the results of research are translated into effective action, the Committee recommended the establishment of a Special Programme for Research and Training on Health Systems and Policy.
- Governments should develop national agendas for health research, with a focus that includes both population health and available R&D capacity, with the latter being supported by further investment.

7. By the time of the Ad Hoc Committee's work, the Disability-Adjusted Life Year (DALY) had become a widely used measure of burden of disease (a sum of years of life lost due to death, plus a weighted estimate of years lived with disability due to ill-health), and burden of disease (BoD) data had become available for 1990 from the Harvard University/World Bank/WH0 study, which arose from the Health Sector Priorities Review of the World Bank and was first presented in the Wold Bank's World Development Report 1993. The Ad Hoc Committee Report noted that:
   - In 1990, for all developing countries taken together, almost half of the BoD was due to communicable, maternal and perinatal conditions and just over one third due to nocommunicable diseases. The Committee projected that by 2020 the order would be reversed, with nocommunicable diseases expected to account for over half of the BoD and communicable, maternal and perinatal conditions for less than a quarter of the total for all developing countries.



8. Catherine Michaud and Christopher Murray, writing in Annex 5 to the Report of the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options (Ref 5), expressed it as:
[In 1986] "only 5% of global health R&D funds was devoted specifically to health problems in low-and middle-income countries where an estimated 93% of the world's burden of preventable mortality occurs".

9. The details provided in Annex 5 of the Committee's report (Ref 5) clarify this statement:
   - *'we estimate that in 1992 less than 4% of global R&D health expenditures were devoted to communicable, maternal, perinatal and nutritional disorders – precisely the maladies that dominate the disease burden in low- and middle-income countries'* [these conditions, in fact, accounted for 48.7% of BoD in developing countries in 1990 – see Ref 7].
   - The Annex also noted that the epidemiological transition is quite advanced in LMICs and it is necessary to determine what fraction of the research on, for example, cardiovascular diseases, will actually yield products that are sufficiently cost-effective to be useful in these countries. Arguments were advanced for essentially completely discounting such investments. In particular, it was hypothesized that both pharmaceutical manufacturers and the public sectors in developed countries concentrate R&D investments in those causes that dominate health expenditures – and developing countries were spending relatively little on treating NCDs. When 'health problems that dominate the LMICs' were defined as 'those causes for which 95% or more of the burden falls on these countries', only 5.1% of the health-expenditure weighted burden was caused by conditions that dominate the LMICs, although the conditions accounted for 44 % of the true BoD.

10. *Statues of the Global Forum for Health Research,* Revised Version following decisions of Foundation Council of 10 March 2004.

11. Global Forum for Health Research. *The 10/90 Report on Health Research 1999.* Global Forum for Health Research, Geneva, 1999.

12. C. Goodman, P. Coleman, A. Mills. *Economic Analysis of Malaria Control in Sub-Saharan Africa.* Global Forum for Health Research, Geneva, May 2000.

13 Global Forum for Health Research *The 10/90 Report on Health Research 2000* Global Forum for Health Research, Geneva, 2000

14. Global Forum for Health Research. *The 10/90 Report on Health Research 2001-2002.* Global Forum for Health Research, Geneva, 2002.

15 Global Forum for Health Research. *The 10/90 Report on Health Research 2003-2004.* Global Forum for Health Research, Geneva, 2004.

16. Global Forum for Health Research. *Monitoring Financial Flows for Health Research 2001.* Global Forum for Health Research, Geneva, 2001.

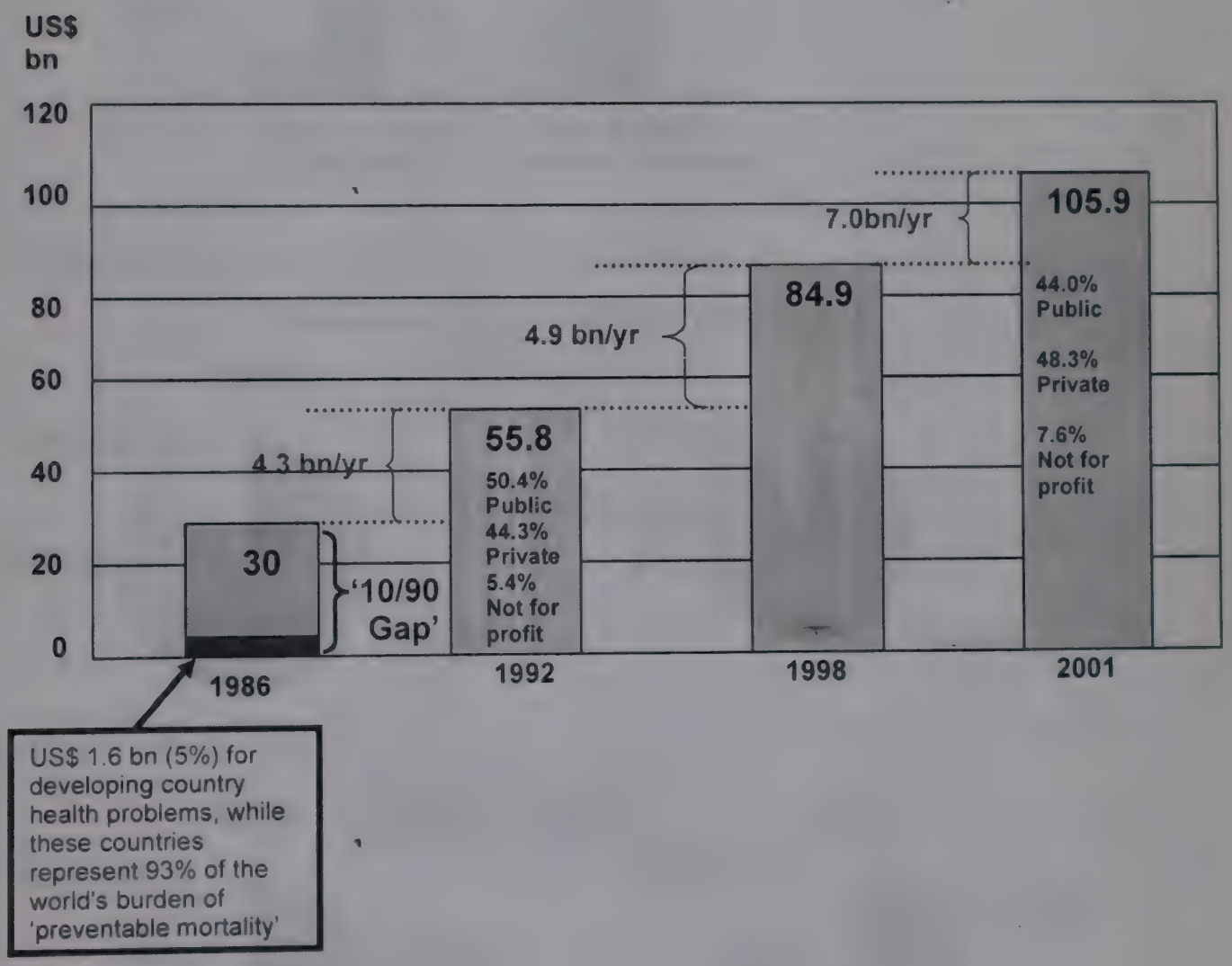
17. World Health Organization. *World Report on Knowledge for Better Health.* WHO, Geneva, 2004.

18. The Initiative on Public-Private Partnerships for Health (IPPPH) was wound down and ceased to function in March 2005 and a few key areas concerning PPPs were absorbed by the Global Forum.

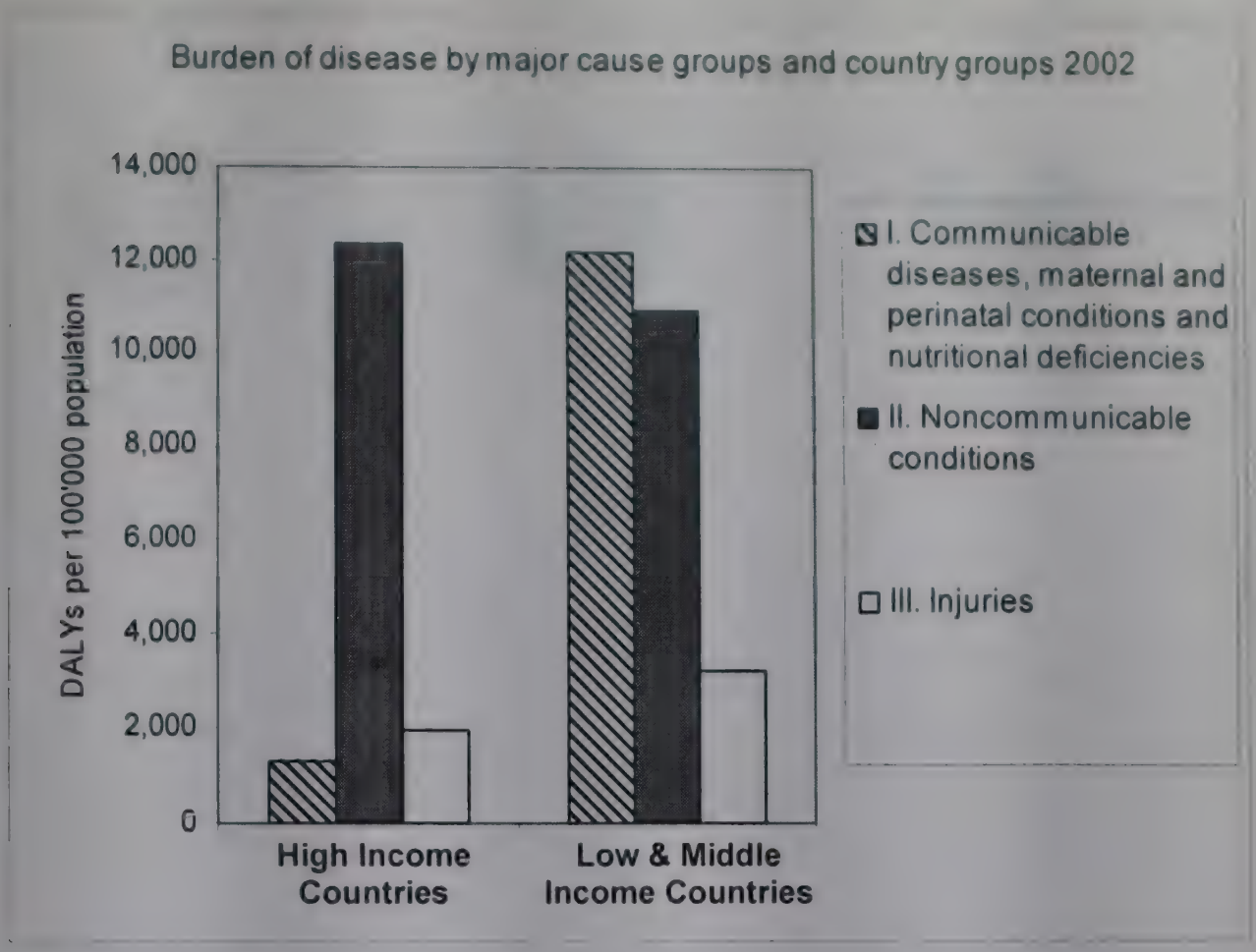
19. Global Forum for Health Research. *Monitoring Financial Flows for Health Research, Volume 2, 2004.* Global Forum for Health Research, Geneva, 2004.

20. The following figure summarizes some of the key global trends in research funding that are discussed in the report:

Global health research expenditure 1986 - 2001

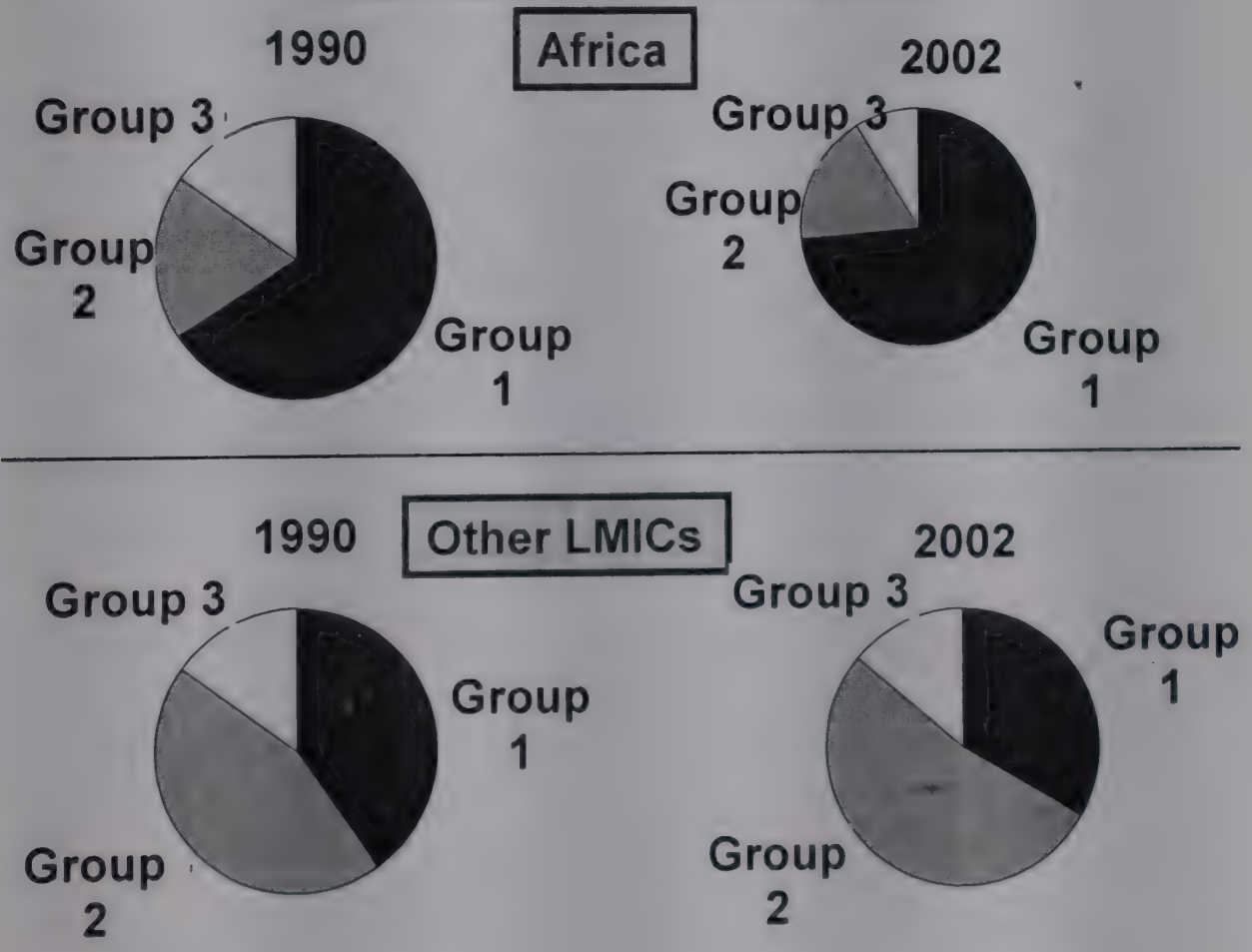


21 The following figure compares the burden of disease for high-income countries and low- and middle-income countries for 2002, as rates of Disability-Adjusted Life Years (DALYs) per 100 000 population From Ref 19

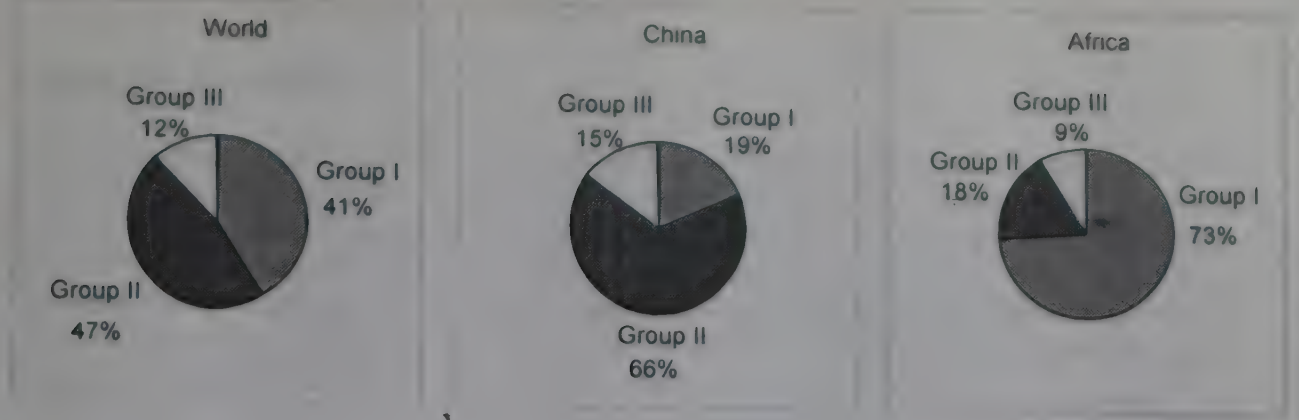


22. The following figures illustrate the burden of disease for countries and regions. From Ref 19.

Trends in cause distribution of DALYs 1990 to 2002



Comparison of groups of burden of disease, 2002



Collaboration with COHRED

Note by the Secretariat

The Memorandum of Agreement between the Global Forum and COHRED which came into effect at the beginning of 2005 calls for each organization to report regularly to its governing body on the progress of the collaboration. A paper entitled 'Collaboration with COHRED' was presented and discussed at the Foundation Council meeting in November 2005 and was also forwarded to the meeting of COHRED's Board in December 2005. The paper has now been updated with fresh inputs from the Global Forum and COHRED and is presented to the Foundation Council for information and discussion.

	GFHR	COHRED
What		
Why		
When		
How		
Who		
Where		

Then cross each by sheet

Identify competitive advantages
Income

Then identify synergy of common actions

Collaboration with COHRED

Paper by the Secretariat originally prepared for the Foundation Council meeting of September 2005; revised and re-presented in March 2006

1 Introduction

Following the simultaneous arrival of a new Executive Director of the Global Forum for Health Research and a new Director of COHRED in January 2004, discussions led almost immediately to a jointly expressed desire for intensive collaboration between the two organizations. This reflected both the perceived opportunity for synergy between the work programmes and the recognition of donor interest in seeing such an interface implemented, in order to maximize the productivity and effectiveness of funds provided.

The proposal for intensive collaboration was given overall approval by the Foundation Council at its meeting in March 2004 and was followed by a series of discussions between the staff of the two organizations, initiation of some joint work, and preparation of a Memorandum of Agreement (MoA) between the Global Forum and COHRED.

The period since November 2004, when the Foundation Council of the Global Forum and the Board of COHRED each approved the text of the MoA, has seen an unprecedented evolution in the working relations between the two organizations at all levels. This paper summarizes what has been accomplished, outlines the proposed areas of collaboration for the coming year, and poses some questions regarding the directions and extent of longer-term engagement.

2 Review of progress 2004-2005

Governance level

The MoA was formally signed by the Chairs and Directors of the Global Forum and COHRED, at a brief ceremony held in Rio de Janeiro on 10 March, at the time of the Foundation Council Meeting.

A consultative meeting took place in Mumbai in September 2005, during Forum 9, between the Chairs, Directors and Deputy Directors of the Global Forum and COHRED.

Secretariat level

During 2004 and 2005, the directorates of the Global Forum and COHRED instituted regular monthly meetings, initially involving the senior management teams of the two organizations but gradually extending to include other staff, during which various matters were discussed, including: clarification of respective missions and mandates; opportunities for cooperation and collaboration in programmes, communications, funding, administration and financial management; monitoring of progress in collaboration; planning for future areas of joint action and mutual assistance and reinforcement.

Informal consultations between staff of the Global Forum and COHRED have become increasingly frequent and cross-invitations are routinely issued to events such as brown bag lunches.

Funding

It was agreed that, where appropriate, the Global Forum and COHRED would make joint approaches to funding bodies. This would: signal the closeness of the working relationship; reduce transaction costs for donors in administering one contract instead of two; avoid real or

apparent competitive grant seeking from common sources; very positively, present the benefits of collaboration in terms of the breadth of global to local coverage and the opportunities for synergy.

As a first step, the Executive Director of the Global Forum and Director of COHRED made a joint visit in December 2004 to SDC in Bern, holding joint discussions there with Ambassador Furst and Dr Daniel Mäusezahl. The Swiss government already administers a single, joint contract covering its funding for the two organizations and indicated its satisfaction at the evolving intensification of collaboration.

During 2005, the two organizations prepared and submitted a joint application to the Irish government (Development Cooperation Ireland) for core funding. This was successful, and each will receive an equal share of the Euro 250,000 allocated by DCI for 2005. A further joint application has been submitted to New Zealand ODA and is awaiting review.

Following loss of funding from Denmark to both organizations, a common approach was developed and a joint visit to present the organization to officers newly in place in DANIDA took place in January 2006.

Discussions are taking place about strategies for approaching the UK's Department for International Development on a joint basis, with a joint proposal containing both core and project-based funding elements.

Programmes, projects and work plans

During the last year, funding of US$ 100,000 has been provided to the Global Forum by the Rockefeller Foundation to conduct studies of national spending on health research in three innovative developing countries (Brazil, India and South Africa) and COHRED has joined the Global Forum in conducting this project, including participation in national workshops in the three countries.

Collaboration has been initiated in the field of research capacity strengthening, with the Special Programme on Research and Training in Tropical Diseases (TDR) involved as a third partner. A consultative workshop, bringing in experts from around the world, took place on 18-19 August 2005 and set the scene for a major tripartite collaborative programme to begin in 2006.

COHRED joined in the annual meeting of the Global Forum 'family' of Networks and Initiatives in June 2005. There was a valuable sharing of experiences in a variety of areas, including programme work, organizational evaluations, and the monitoring and measurement of impact.

Engagement on programmes, projects and work plans has increasingly moved, during the last year, from exchanges about activities already under way, to prior consultation about activities planned but not yet commenced, to forward consultation about projects from the point of conceptualization. First discussions took place in mid-2005 to begin to align the overall annual work plans.

A joint, half-day brainstorming session, involving the directorates, programme staff and heads of communications of COHRED and the Global Forum, took place in mid-2005. This examined the progress of collaboration under the MOA, discussed barriers and ways to further deepen collaboration, and examined possibilities for areas of joint activity in the year ahead.

Forums

Forum 9

COHRED was invited to act as a close collaborator in the preparations for Forum 9 and to attend the Global Forum's weekly programme planning meetings. Its involvement has included participation in setting the call for abstracts, reviewing abstracts, and discussing the programme shape and content. COHRED proposed the theme and content of, and organized three sessions during Forum 9 (a plenary session and a parallel session on research capacity strengthening and a special session on funding national health research). The Chair of COHRED made a presentation during the Opening Plenary Session in Forum 9. COHRED's arrangements with SIDA [to have funding of SEK 300,000 to support 14 participants which they have designated from Africa and Latin America] made possible the reallocation of Global Forum funds to support ten further developing-country participants designated by COHRED. COHRED had a stand in a prominent position in the Marketplace at Forum 9, exactly parallel to that of the Global Forum, as part of the Global Forum 'family'.

Forum 10

For Forum 10, COHRED continues as a close collaborator from the beginning of planning for the programme (call for abstracts, review of abstracts, development of programme shape and content) and has made several proposals which are currently under review.

Regional forums

Discussions between COHRED and the Global Forum identified a joint interest in the possibility of organizing Regional Forums in the intervals between the Global Forum's annual meetings. Such Regional Forums would be led by COHRED with the Global Forum playing a supportive role, and would provide a mechanism to bring global and national perspectives together, provide a strong platform for country voices, highlight and stimulate regional cooperation and networking, help build regional capacity for organizing such events, and act as a potential source of ideas and inputs for the Global Forum's annual events.

The Foundational Council gave consent to develop this approach at its March 2005 meeting, and an early expression by IDRC of willingness to consider funding for a meeting in Africa in 2006 spurred immediate exploratory work. The short period of time, and limitations of secure funding available, have led to a decision to focus the first event, to be held in Nairobi, Kenya, from 3 to 6 July 2006, on a smaller-scale workshop rather than a large Regional Forum. The Director of COHRED and Executive Director of the Global Forum visited Nairobi in June 2005 and held planning discussions with the African Forum for Health Research (AfFHR). It has been agreed that the meeting will be co-organized in partnership with AfFHR, ACOSHED, AMREF and EQUINET, the focus will be on human resources for health research, and the emphasis will be on establishing a dialogue among African networks, identifying critical issues and developing practical strategies.

The Global Forum's Meetings Organization Unit has been involved in consultations on logistics aspects of the project. COHRED has taken the lead in development of the project proposal and the Global Forum's Meetings Organization Unit has been involved in consultations on logistics aspects of the project. The meeting's title is 'HR-HR': Improving Human Resources for Better Health Research in Africa – a research and policy shaping initiative of: African Council of Sustainable Health Development (ACOSHED), African Health Research Forum(AfHRF), African Medical Research Foundation (AMREF), Council on Health Research for Development (COHRED), EQUINET, Global Forum for Health Research and International Development Research Centre (IDRC), Canada.

Four themes have been identified:

1. General human resources issues *Co-chairs: William Macharia and Mohammed Abdullah*
2. The role of networks and forums in stimulating new ways of learning *Co-chairs: Carel IJsselmuiden with TJ Ngulube*
3. Communities and their role in health research *Co-chairs: Victoria Kimoto (AMREF) and Lola Dare (ACOSHED)*

4. Using knowledge sharing and advocacy to influence the research agenda *Co-chairs Michael Devlin and Jennifer Bakyawa (Makarere University Institute of Public Health, Uganda)*

Communications and Information

Several areas of collaboration have been initiated as a result of the continuing discussions about organizational strategies and products. These include:

- Joint publications: Preparations have begun for a new joint series of publications, under the running title 'Policies for Health Research', which will be short briefs aimed at senior policy-makers. The first of this series, provisionally entitled 'The case for health research', is being co-written by Carel IJsselmuiden and Stephen Matlin. Under joint branding, the series can act either as a vehicle for topics jointly produced by the two organizations where there is mutual interest (e.g. priority setting, resource flows, research capacity strengthening) or for products created by them individually.
- Work has been carried out through a jointly established working party to develop the specifications for a new database that will serve the needs of both organizations for e-mail communications, meetings, etc. First mandatory steps involving migration of the Global Forum's current database to a more secure platform are almost complete, paving the way for development of the new database.
- Communications support for each other's activities: guidelines are being developed in early 2006 to standardize such support, including reciprocal promotion on the websites, mention in printed material, references in presentations, speeches, etc.
- Specifically, in its support to the Nairobi meeting, the Global Forum will use its communications outreach to promote the discussions and their results.

3 Plans for 2006

Governance level

As the two Secretariats are working together increasingly closely, it is felt that it would be valuable to have a joint meeting at the level of the governing bodies, so that members of the Council and Board can discuss overall policy and strategy for the collaboration and make a mutually informed, joint contribution to the evolving thinking about future directions.

An opportunity for such an interaction occurs at the time of the March 2006 Foundation Council meeting, which will take place in Montreux, Switzerland. It has been agreed that the Foundation Council meeting will be preceded by a one-day joint meeting of the Foundation Council and members of COHRED's Executive Committee.

Secretariat level

During 2006, the engagement between the secretariats of the Global Forum and COHRED will include:

- Continuation of regular bi-monthly meetings of the senior management and programme staff of the two organizations;
- Joint brown-bag lunches, journal clubs and brainstorming sessions;
- Joint consultations on matters such as administration (e.g. remuneration scales, personnel and appraisal procedures, policies for travel, accounting and auditing);
- Informal and formal consultations in all functional areas;
- Collaboration on specific projects and programmes related to the annual work plans, and on a range of communications, information, financial and administrative functions, as set out below.

Funding

Wherever possible, the Global Forum and COHRED will make joint approaches to funding bodies, adapting applications as needed to suit the opportunities for core funding and/or targeted project funding.

Programmes, projects and work plans

Frequent consultations will be held to minimize duplication; maximize collaboration and potential synergies resulting from complementarities of interest and expertise; and explore all opportunities for extending collaboration. This will include working together on areas such as tracking resource flows, research capacity strengthening and priority setting.

Time will be allocated during the first half of 2006 to sharing work plans for 2006 and to developing forward work plans for 2007, so that an improving level of inputs, alignments and synergies is achieved.

Forums

As mentioned above, COHRED has been invited to act as a close collaborator in the preparations for Forum 10, beginning with inputs to the call for abstracts. It is expected that COHRED will again participate strongly in the development of the programme, including reviewing abstracts and shaping the content of the programme, and that it will have a very visible and prominent presence in Cairo in all parts (opening session, plenary and parallel sessions, marketplace) and at all levels (Board Chair, Secretariat, country collaborators, etc.).

Reciprocally, the Global Forum will play a collaborative and supportive role to COHRED in the organization of the African workshop on Human Resources for Health Research which is planned for July 2006, and the longer range planning for Regional Forums which it is hoped can commence in 2007.

Preliminary discussions have already been initiated to prepare for the annual meeting in Africa in 2008, as the next meeting in the sequence of Bangkok (2000) and Mexico City (2004). The Global Forum, COHRED, WHO and the World Bank will collaborate closely to achieve 'a single meeting, under one roof' that will combine a high-level ministerial consultation with a globally inclusive forum of health research stakeholders. It is anticipated that significant, collective work by all the partners will begin after Forum 9 and continue through 2006 and 2007 to lay the groundwork for the 2008 conference.

Communications and Information

Joint work of the Global Forum and COHRED will continue to develop:

- The 'Policies for Health Research' series
- Establishment, joint management and applications of the joint database
- Coordination of information sharing and of the positioning of the separate organizations and their joint activities.

Accommodation

COHRED is currently located in commercial premises in central Geneva and has been looking for opportunities to move. It has been established in that, in the Ecumenical Centre where the Global Forum is located, the 4th floor of one wing will become vacant in September 2006 and would provide a comfortable amount of space for COHRED's needs. There would also be an opportunity for the Global Forum to move to the 3rd floor of the same wing, thus maximizing the opportunity for interactions between the two organizations.

3 Looking to the future

The intensive collaboration initiated between the Global Forum and COHRED early in 2004 was based on the recognition that there were common origins in the 1990 report of the Commission on Health Research for Development; common goals to increase the focus of attention and resources on health research for the needs of developing countries and to enhance the utilization of the results of such research; and substantial areas of mutual interest in topics such as tracking country resource flows for health research, promoting evidence-informed and participatory priority setting, and strengthening research capacity. It was also recognized that the perspectives from which the work of the two organizations originated – one commencing with a global overview and synthesis of developing countries needs, while the other was rooted in the specific contexts and conditions prevailing in each developing country – were mutually complementary and had huge potential for reinforcement and synergy.

The collaboration undertaken since early in 2004 has therefore been a systematic, progressive and measured effort to realize these potential benefits, while at the same time emphasizing and reinforcing the distinctive characters of the two organizations and demonstrating, as one aspect of the synergy, that two voices can shout louder than one and that each can separately and effectively articulate its own mission and perspectives while adding value to the other's.

The present position can be summarized as:

- There is active and progressive collaboration on a range of projects, including joint work on research capacity strengthening, national health research systems, priority setting, and research on resource flows for health research.
- Joint publications are being prepared and planned that will provide both organizations with opportunities to highlight common work and common positions, while also leaving each free to develop separate and distinctive areas.
- There is growing collaboration between the secretariats to facilitate joint work on programme coordination and planning.
- Efforts are being made to optimize the use of each organization's intellectual and institutional resources and to share facilities or resources where appropriate.
- Collaboration is extending in the development of international Forums as a key tool for achieving the objectives of the two organizations. COHRED is now making substantive inputs to programme development for the Global Forum's annual Forums and facilitating the participation of country voices, while the Global Forum will be supporting COHRED's lead role in the proposed Regional Forums which it is hoping to initiate in the next couple of years.
- The Global Forum and COHRED have had some donors in common since each organization was founded and there have been concerns over the years about how to improve the international 'architecture' of health research for development. It is therefore understandable that consideration should be given at appropriate times to the optimum form of collaboration between the two organizations. In making its allocations of funding to the Global Forum and COHRED for 2005, SIDA has informed each organization that it will reduce its funding to each from SEK 4.5 million in 2005 to SEK 3.0 million in 2006 and will thereafter cease funding altogether unless the two organizations proceed to 'merge'.

In the light of the evolving picture, the Foundation Council will wish to discuss the various options for the nature, direction and extent of the Global Forum's developing collaboration with COHRED and the pace with which the deepening engagement proceeds.

+ve

-ve

Evaluation of Forum 9 and suggestions for future Forum meetings

Abdul Ghaffar and Melanie Brown
Research and Programmes Unit

Purpose and background

A flagship activity of the Global Forum for Health Research is the organization of the annual forum meetings, where policy-makers, researchers, development partners, and members of civil society meet and discuss challenges, progress, opportunities and needs in the field of health research for development. Forum 9 was held in Mumbai, India from 12-16 September 2005 and was attended by a total of 601 participants from 71 countries.

The theme of Forum 9 was "poverty, equity and health research". The specific objectives of Forum 9 were:

- To provide a platform for policy-makers, funders, controllers and users of research, governments, international development partners and research leaders to:
  - review and discuss the theme of poverty, equity and health research
  - review components of the "10/90 gap" and generate increased momentum towards closing the gaps.
- To provide a marketplace for networking and exchanging ideas and information relevant to the theme
- To facilitate satellite meetings and gatherings on topics of special interest alongside the Forum

The evaluation of Forum 9 included three key components which are included in the present report.

- Analysis of composition of participants in Forum 9
- Analysis of questionnaires returned at the end of Forum 9
- Reflections from the Foundation Council at its post-Forum meeting on 17-18 September 2005.

Composition of participants in Forum

Information on participants registering for Forums is collected in the Global Forum's database and enables analysis of the profile of all participants including faculty. Since Forum 8 (2004, Mexico) broke new ground in many respects, including being the first Forum with a specified theme and for which the programme was developed through a call for abstracts, it forms a useful baseline for the analysis of trends and is referenced here for comparison with Forum 9 (2005, Mumbai).

Forum 8 involved, overall, a total of 939 participants. However, out of this 178 were primarily participants of the Mexico Ministerial Summit on Health Research. Also, as well as the registered, full-time participants attending Forum 8, there were 71 additional Mexican researchers who were allocated special day passes and came to attend one or two sessions that were especially planned for the local researchers. Thus, there were 690 registered, full-time participants exclusively attending Forum 8, representing 86 countries, while in Forum 9 there were 601 participants from 71 countries (Figures 1 and 2).

Figure 1 **Comparison of the total number of participants attending Forum 8 and Forum 9**

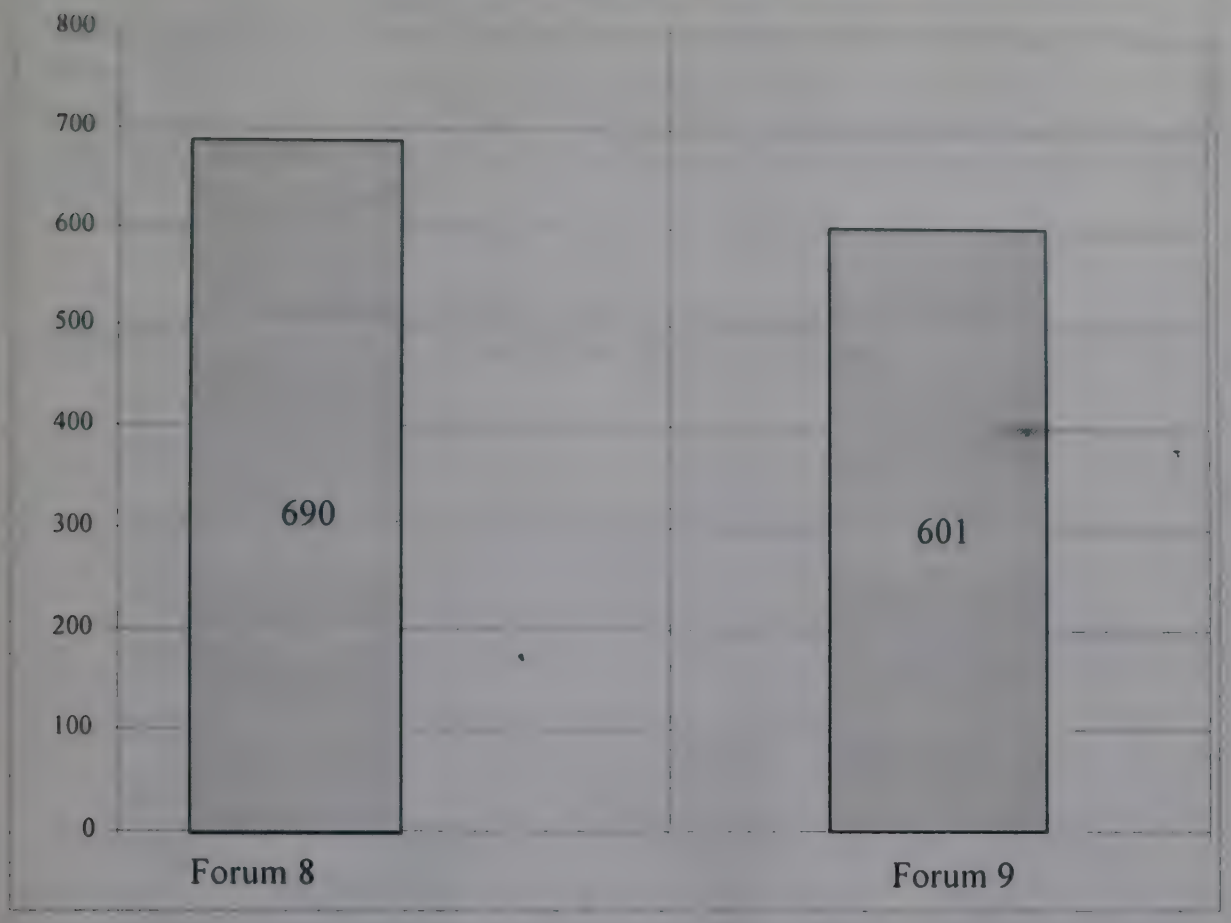
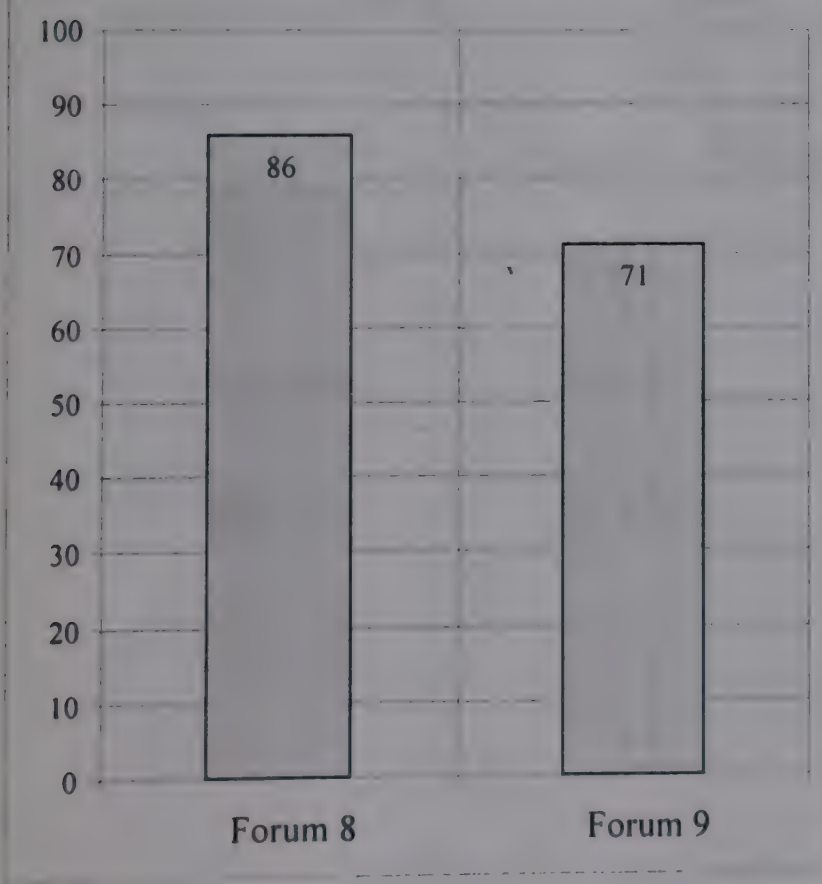


Figure 2 **Comparison of the total number of countries represented at Forum 8 and Forum 9**



Part of the explanation for this change may be that Forum 8 was able to attract participants from a more diverse range of countries as a result of the linkage to the Ministerial Summit.

In terms of overall sex balance, there was an apparent increase in the proportion of women attending Forum 9. However, in about 11% of cases the sex of registrants at Forum 8 was not recorded and could not subsequently be reliably deduced. Fortunately, there was much greater clarity about the sex of faculty and here it is evident that, reflecting a deliberate policy, there was a substantial increase in the proportion of women faculty in Forum 9, with an overall sex ratio of 45:55 F:M. (Figures 3 and 4)

Figure 3 **Comparison of the distribution of all participants in Forum 8 and Forum 9 by sex**

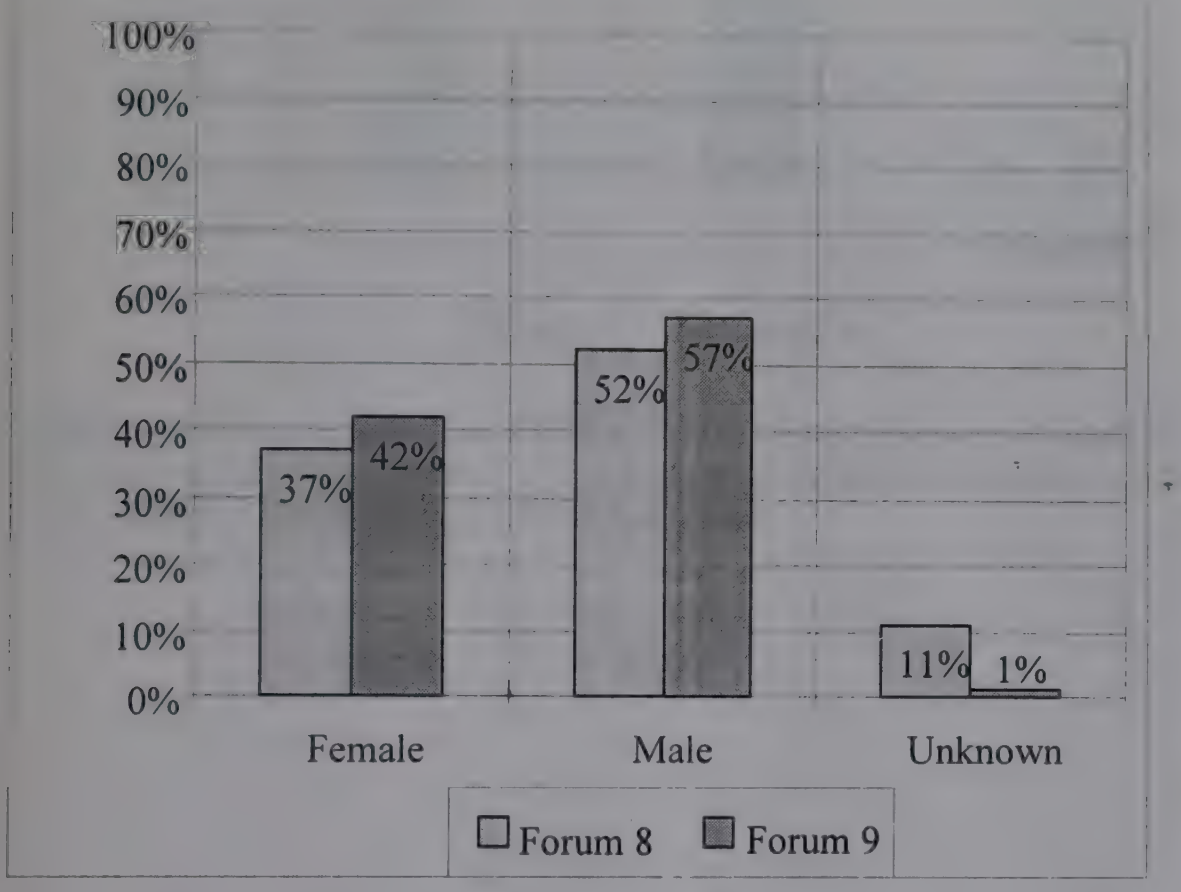
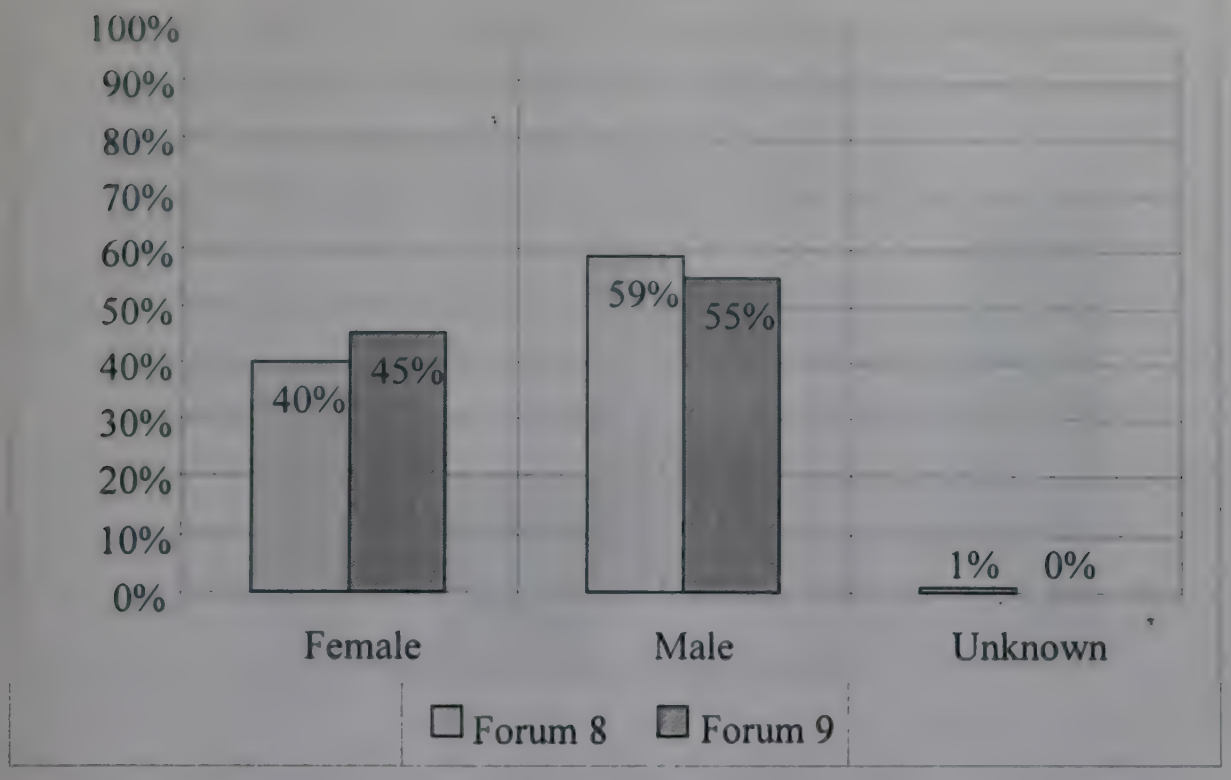


Figure 4 **Comparison of the distribution of all faculty in Forum 8 and Forum 9 by sex**



Compared with Forum 8, in Forum 9 there was significantly higher participation from LMICs compared to HICs, both in respect of overall representation and as members of faculty (Figures 5 and 6), reflecting efforts to target LMIC participants.

Figure 5 **Comparison of the distribution of all participants in Forum 8 and Forum 9 by high-income (HIC) and, low- and middle-income (LMIC) countries**

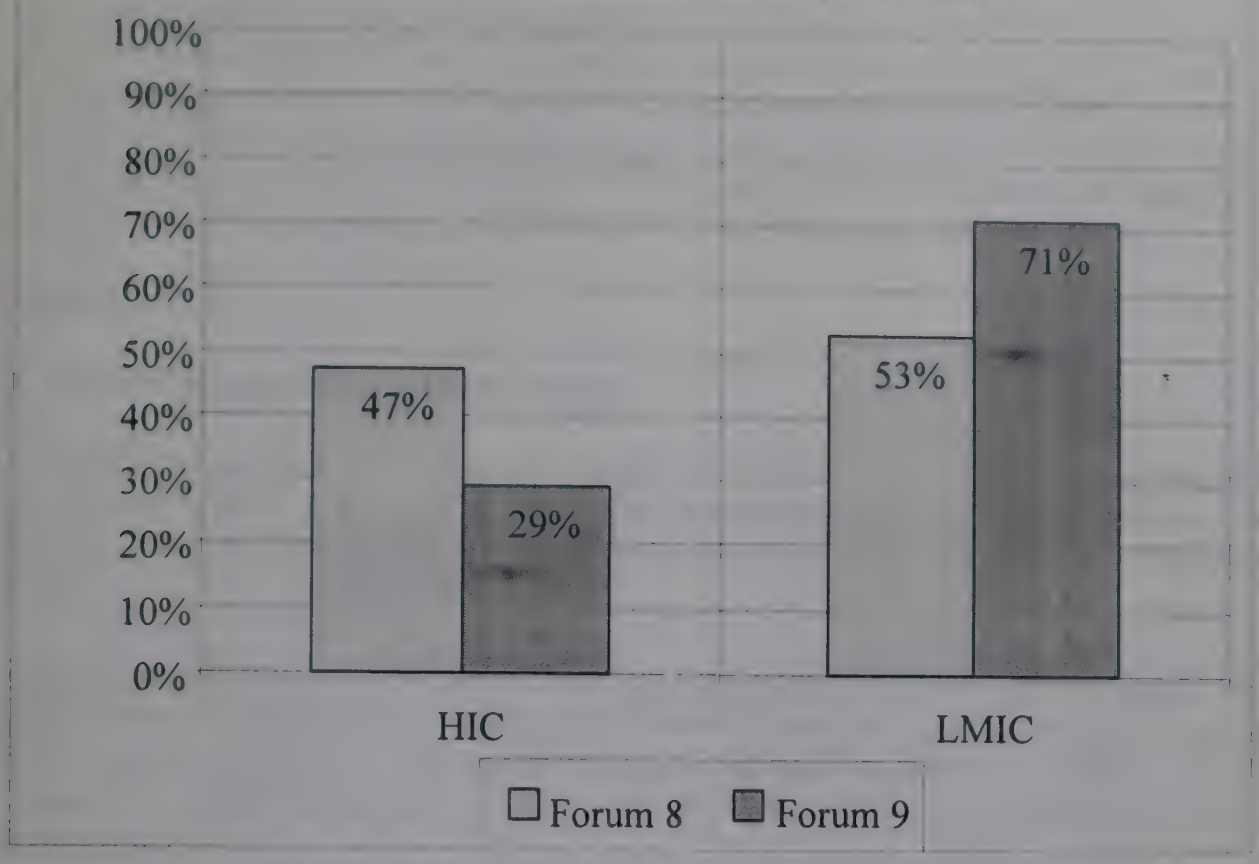
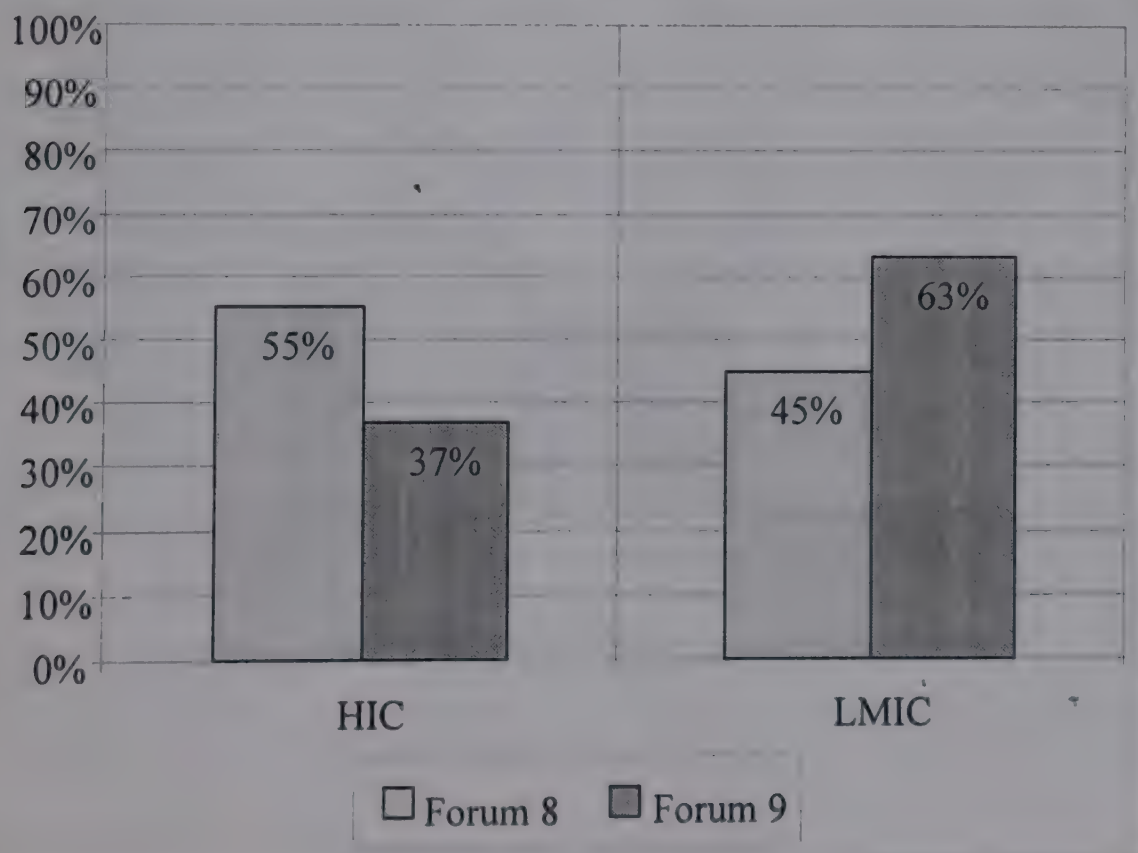


Figure 6 **Comparison of the distribution of all faculty in Forum 8 and Forum 9 by high-income countries (HIC) and, low- and middle-income countries (LMIC)**



Questionnaires returned at the end of Forum 9

Methods

The questionnaires distributed were addressed to all those who were participants in Forum 9 and a total of 339 forms (56.4%) were completed and returned ***anonymously*** to the Secretariat. The evaluation forms had three main sections: content; organization and logistics; and working towards the future. Participants, wherever appropriate, were requested to circle their responses on a scale of 1-5 (1 = lowest and 5 = highest). The results of these responses are aggregated in this analysis as 1-2 (dissatisfied); 3 (satisfied); and 4-5 (very/completely satisfied).

Results

A. General description of all participants

The profile of all those who attended Forum 9 at some time during the four-day meeting is provided in Figures 7, 8, 9 and 10 below. These tables provide distribution of participants by sex, income of the country of their residence, constituency to which they belong and geographical region.

The analysis shows that there were more men than women; however representation was almost three times more from the low- and middle-income countries (LMIC) than from the higher-income countries (HIC). More than 50% of participants were from Asia and the majority were researchers (**Note:** *The division of HIC and LMIC here is according to the standard criteria of the World Bank.*).

Figure 7 **Distribution of all participants by sex**

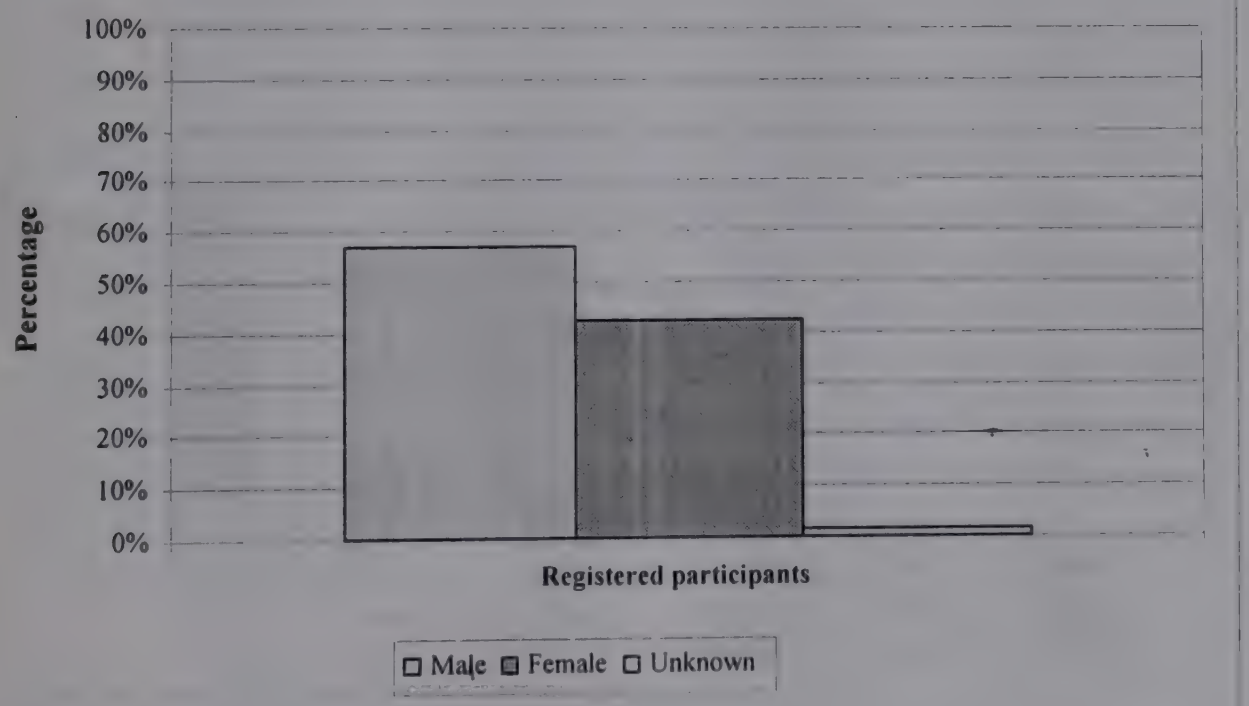
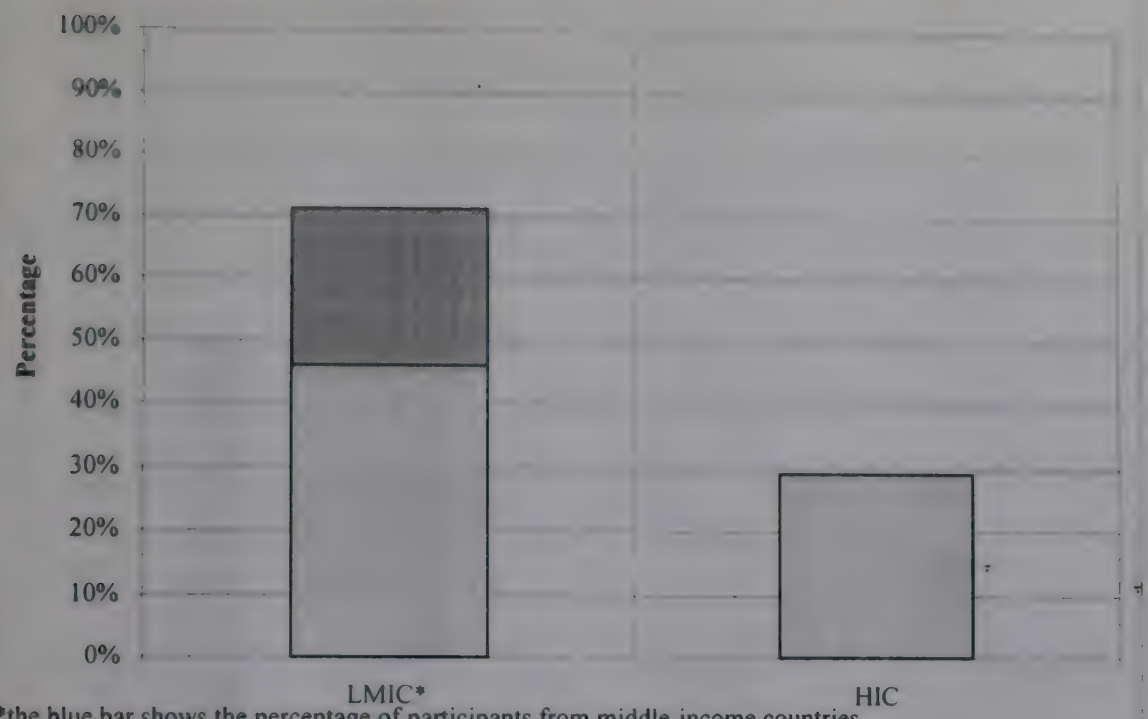
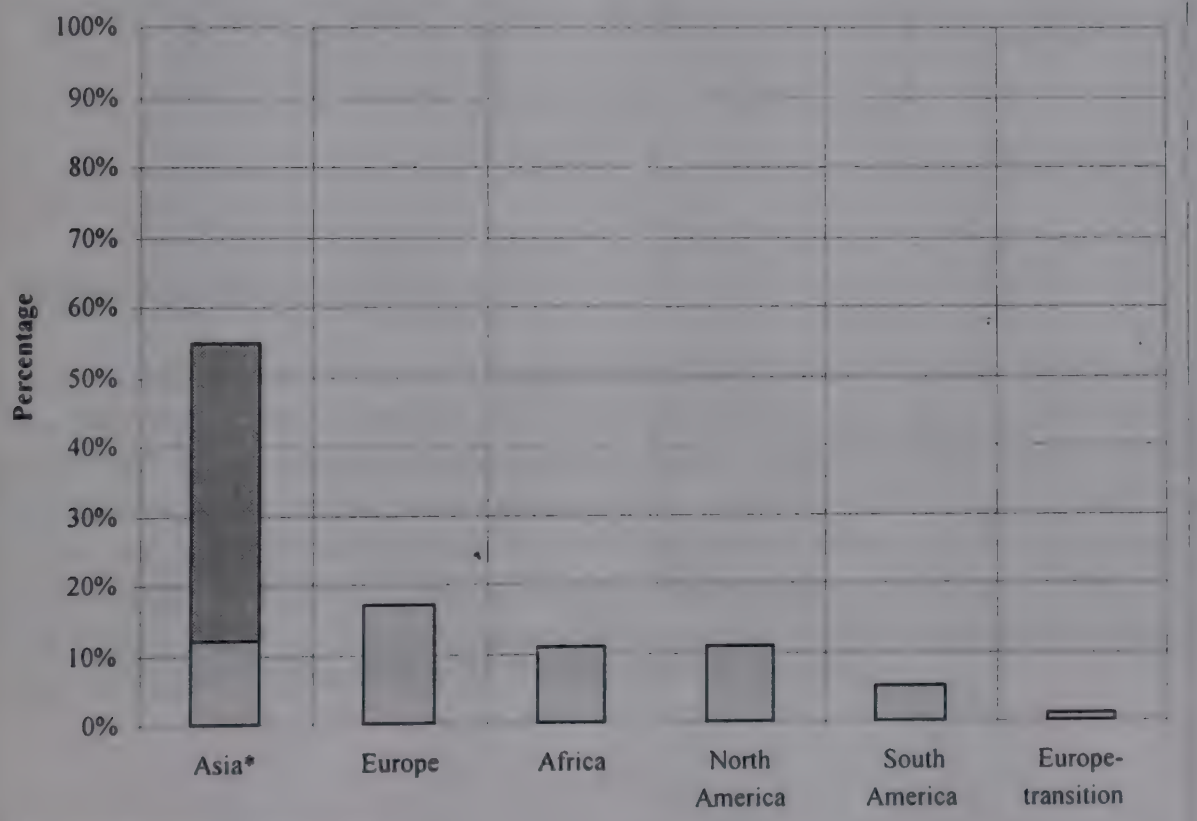


Figure 8 **Distribution of all participants by high-income countries and, low- and middle-income countries**



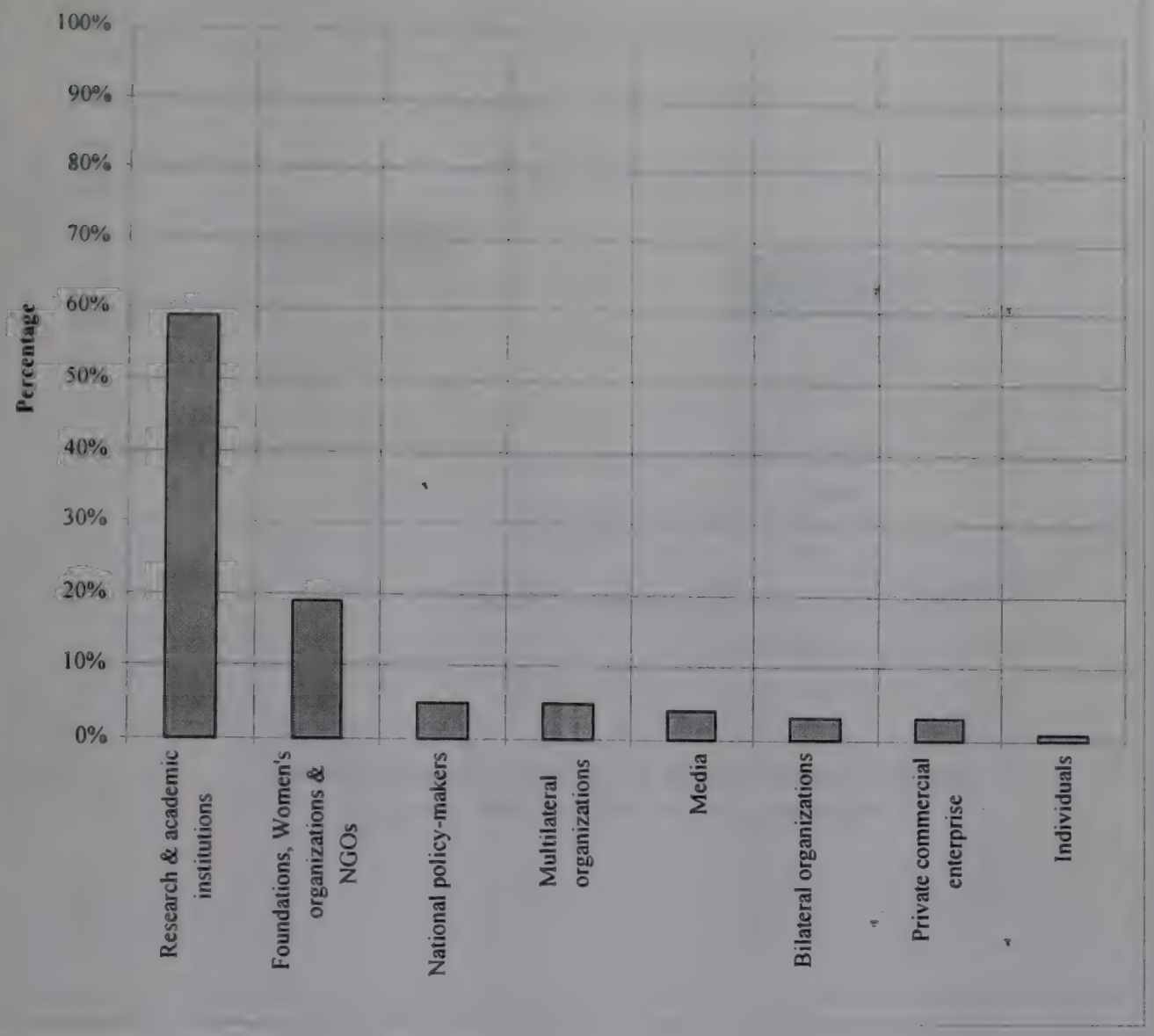
*the blue bar shows the percentage of participants from middle-income countries

Figure 9 **Distribution of all participants by region**



* the blue bar shows the percentage of participants who were from India

Figure 10 **Distribution of all participants by constituencies**



B. Profile of Forum 9 Faculty

Figures 11, 12, 13 and 14 below provide the profile of Forum 9 faculty. Faculty is defined here as "those who made an oral presentation, were chair and/or a discussant or had a poster presentation". There were more males than females among the faculty, with about the same proportions as in the overall Forum participation. However, 63% of faculty were from LMICs, and there was a significantly higher number of presenters from Asia than presenters from other regions. Faculty from LMICs received a much higher proportion of the funding provided by the Global Forum. (**Note:** The percentages within each bar reflects overall distribution and also the disaggregating proportion of funded and non-funded faculty.)

Figure 11 **Distribution of all faculty by sex**

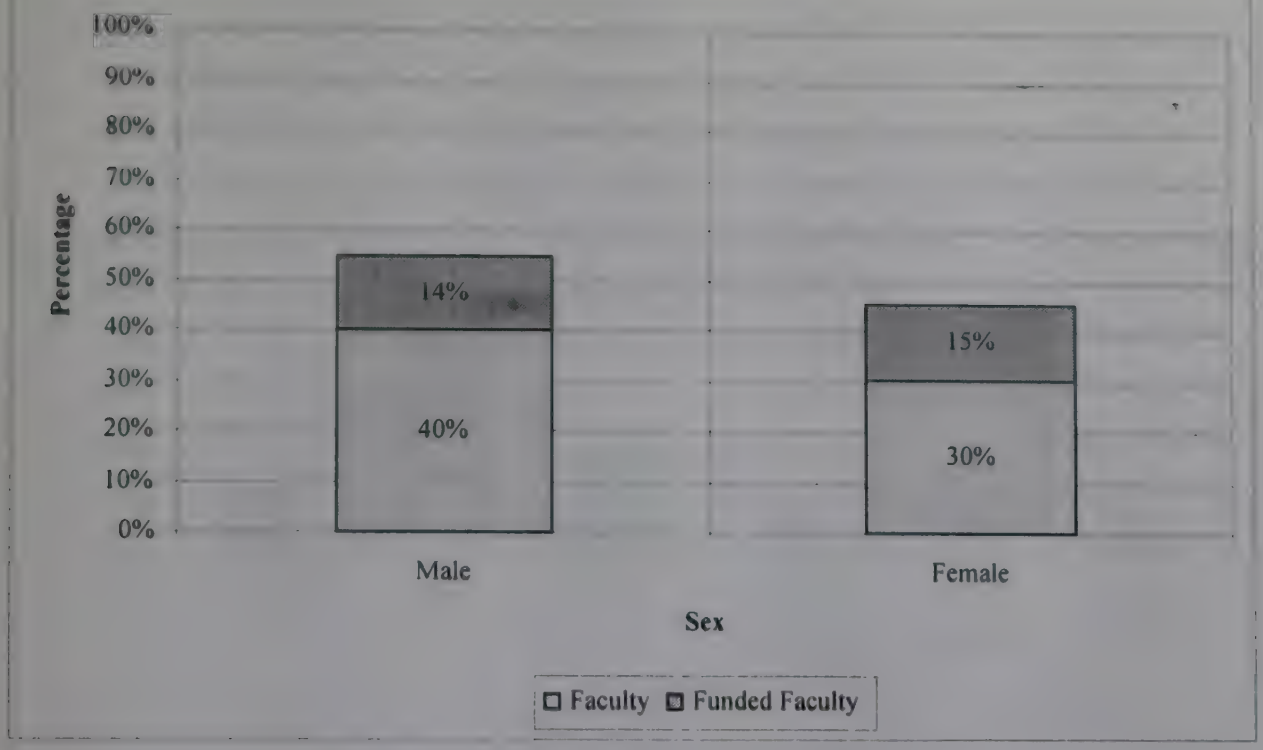


Figure 12 **Distribution of all faculty by high-income countries and low- and middle- income countries**

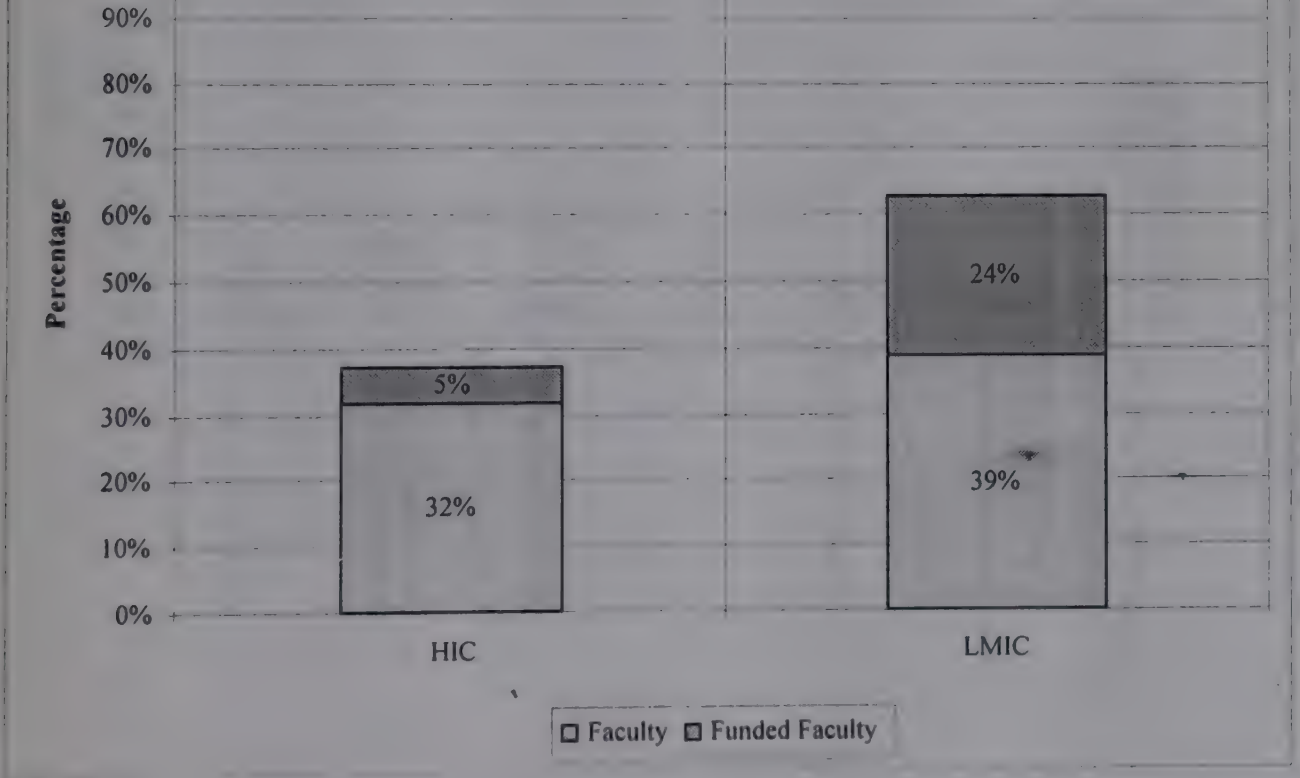


Figure 13 **Distribution of all faculty by region**

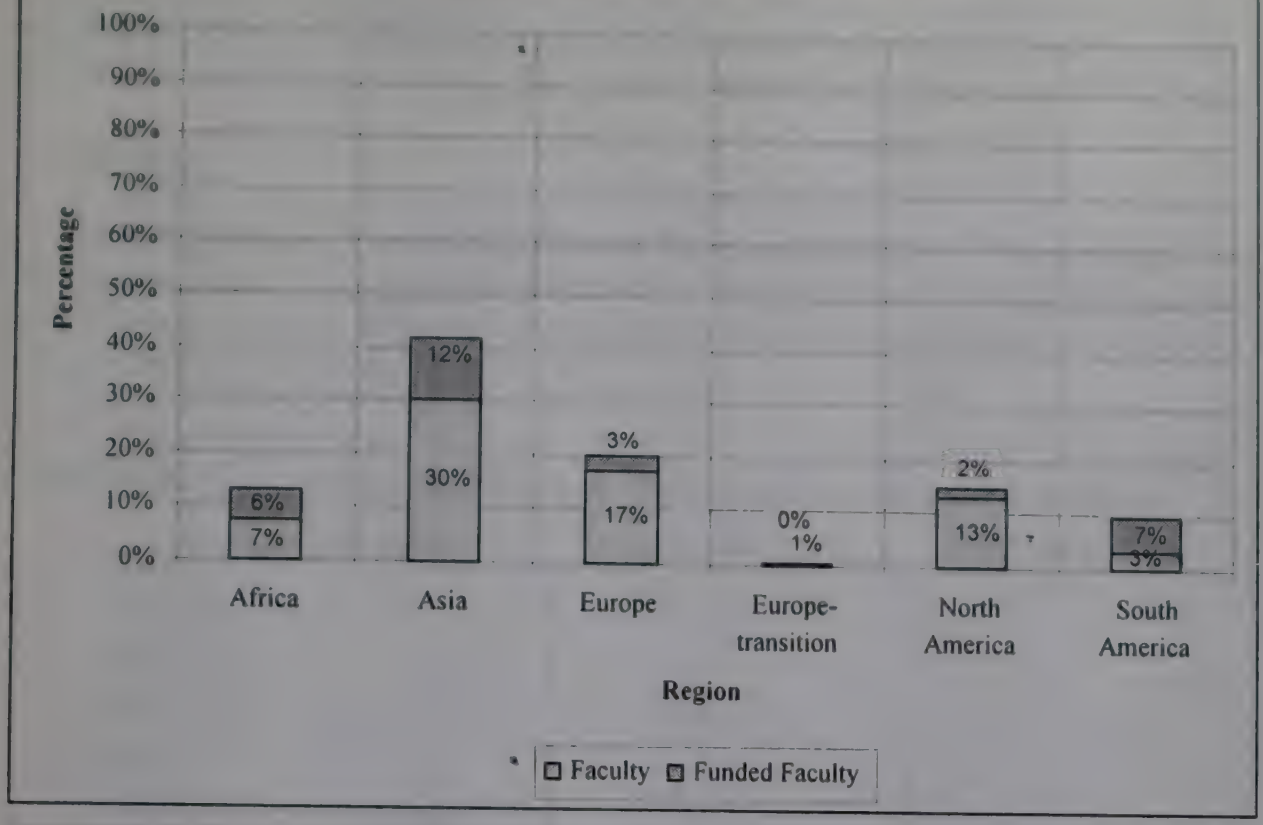
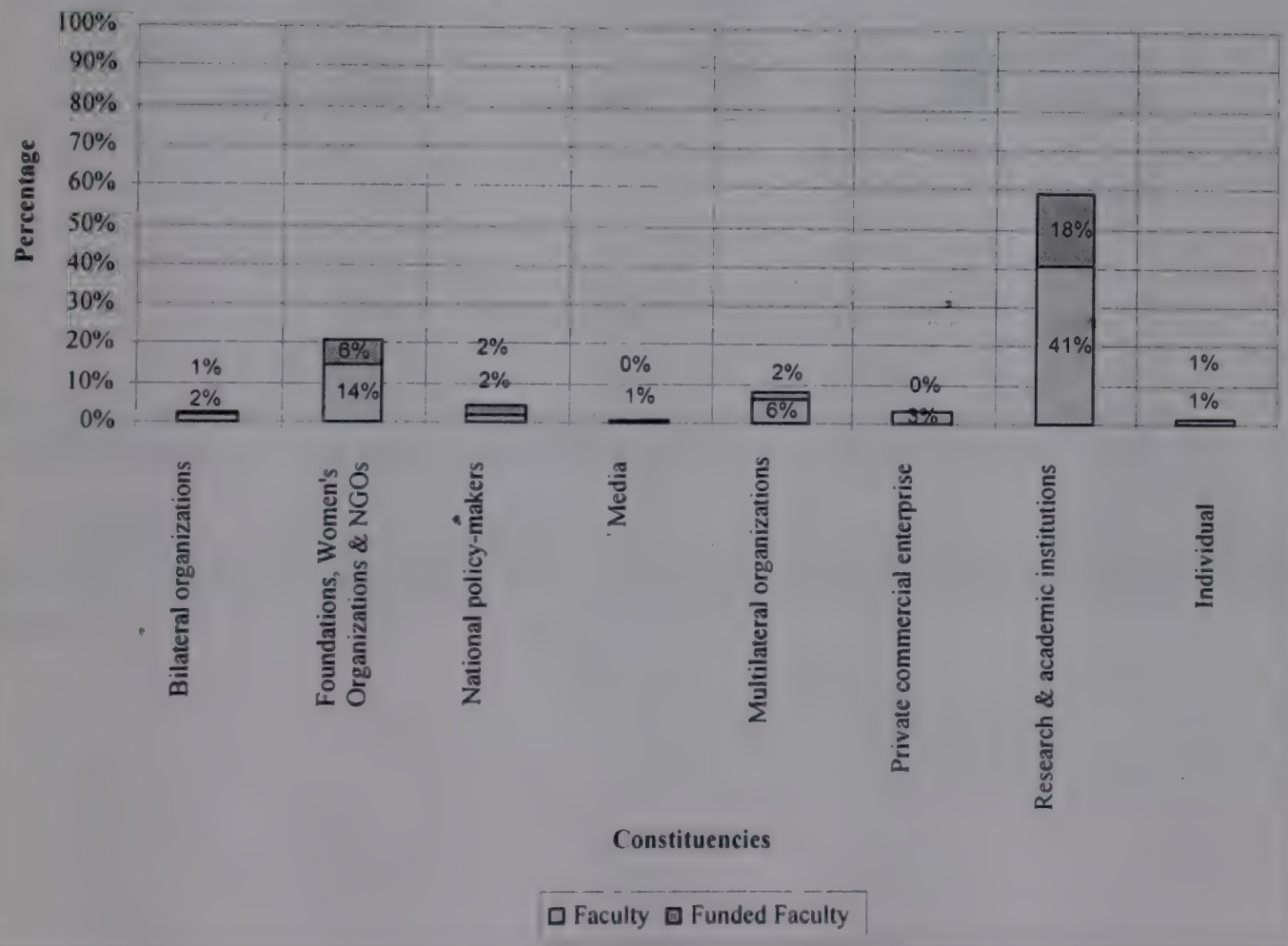


Figure 14 **Distribution of all faculty by constituencies**



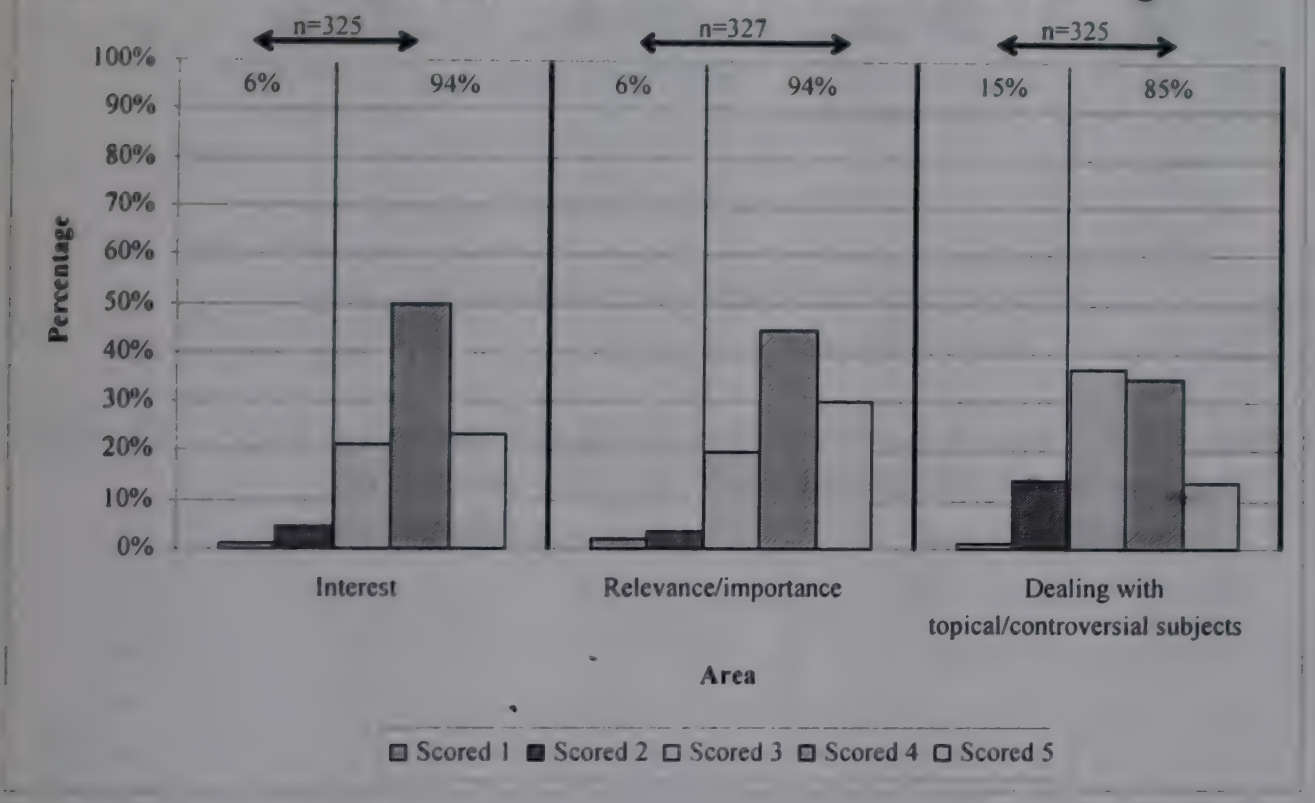
C. Analysis of response to the questionnaire

The analysis of the questionnaires returned shows that the vast majority of participants were satisfied with the 'content' as well as 'organization and logistics' and provided useful suggestions for future annual forum meetings. The detailed analysis of all the questions is given below.

C.1 Content

For the first question, "How would you rate the overall contents of the meeting?" 94% of the respondents found it interesting and relevant to the objectives of the meeting and were satisfied/very satisfied. 85% considered that the programme dealt appropriately with topical/controversial issues (Figure 15).

Figure 15 **How would you rate the overall content of the meeting?**



The second question was "How would you rate the presentations and discussions?" The respondents showed a high level of satisfaction with regard to this matter (Figure 16).

The next question was about "providing needed environment to debate and use of marketplace for networking". Here again respondents were satisfied/very satisfied with the arrangements made (Figure 17).

Figure 16 How would you rate the presentations and discussions?

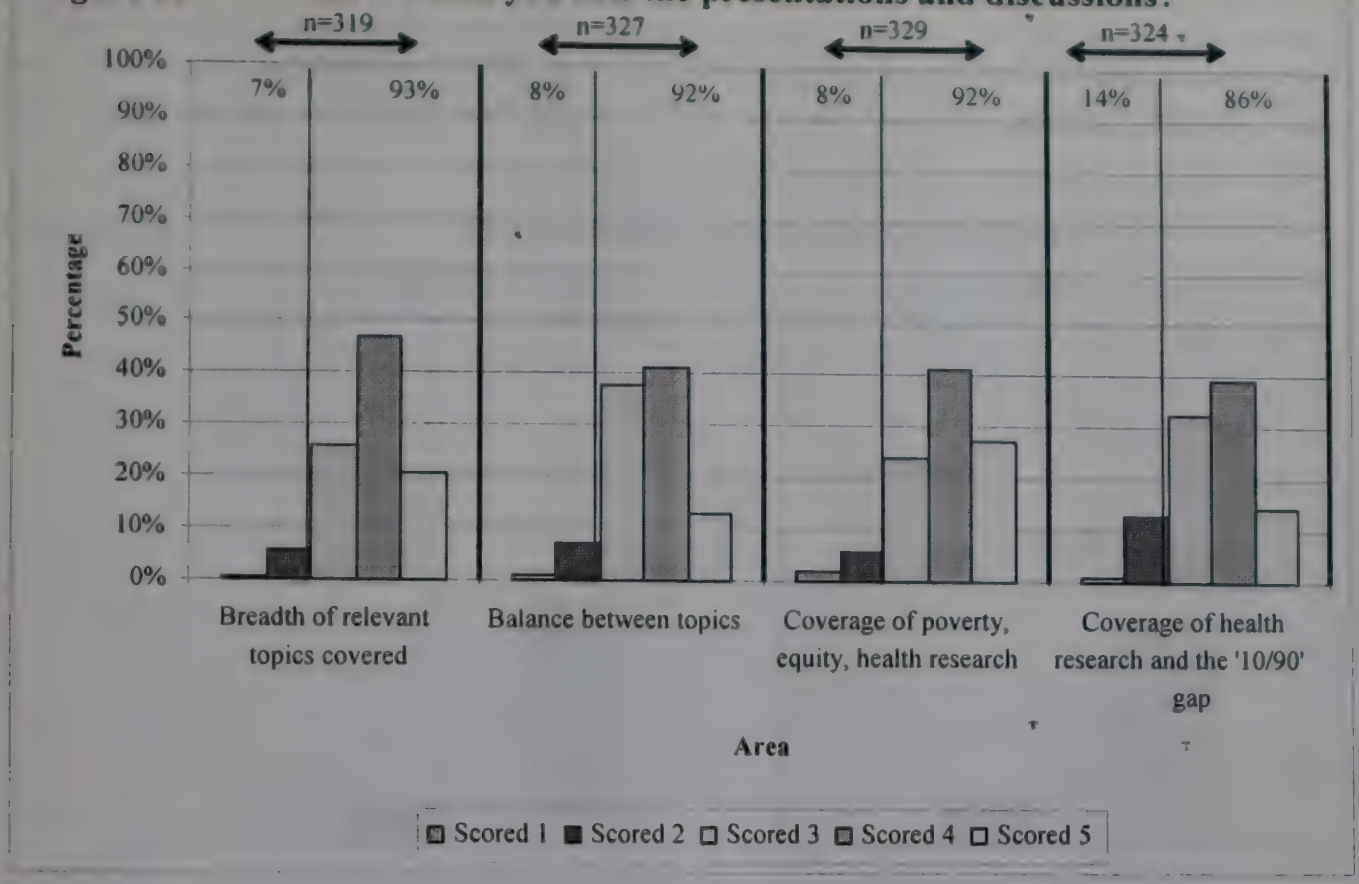
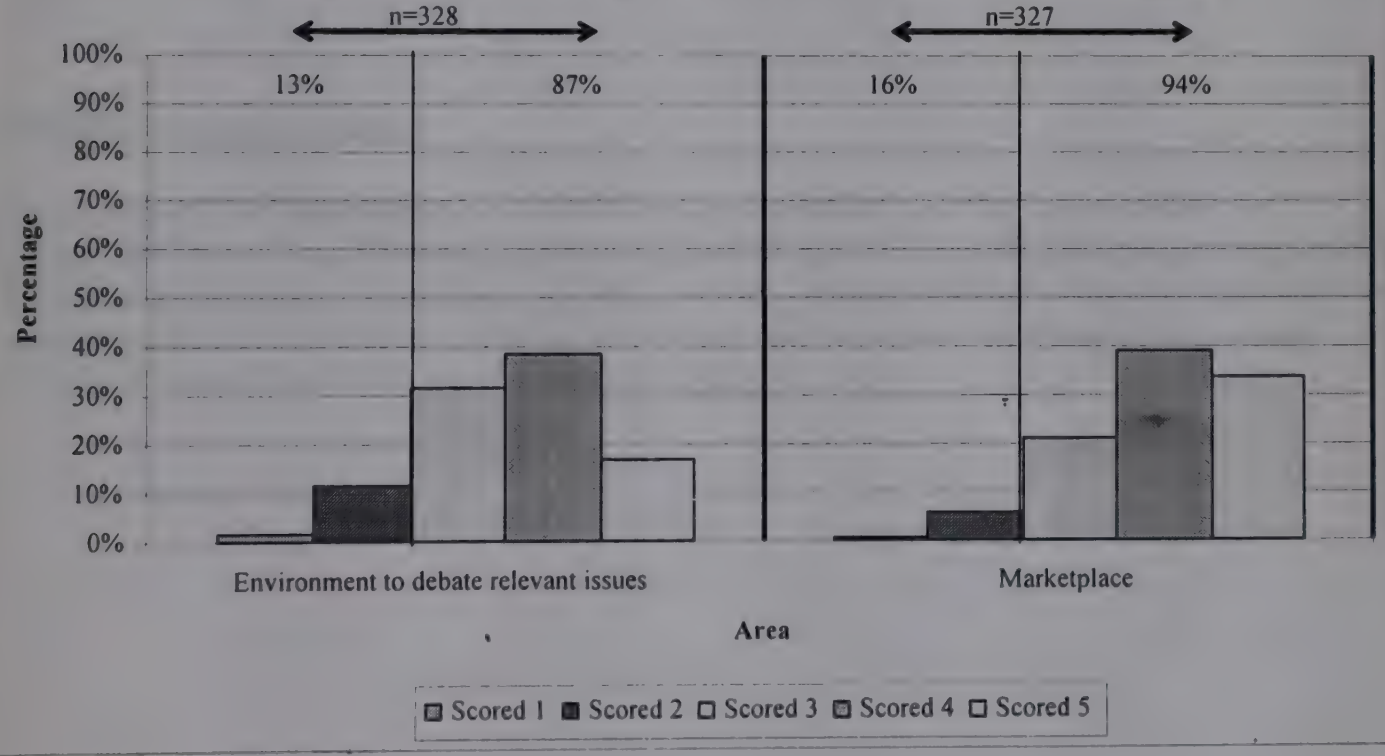
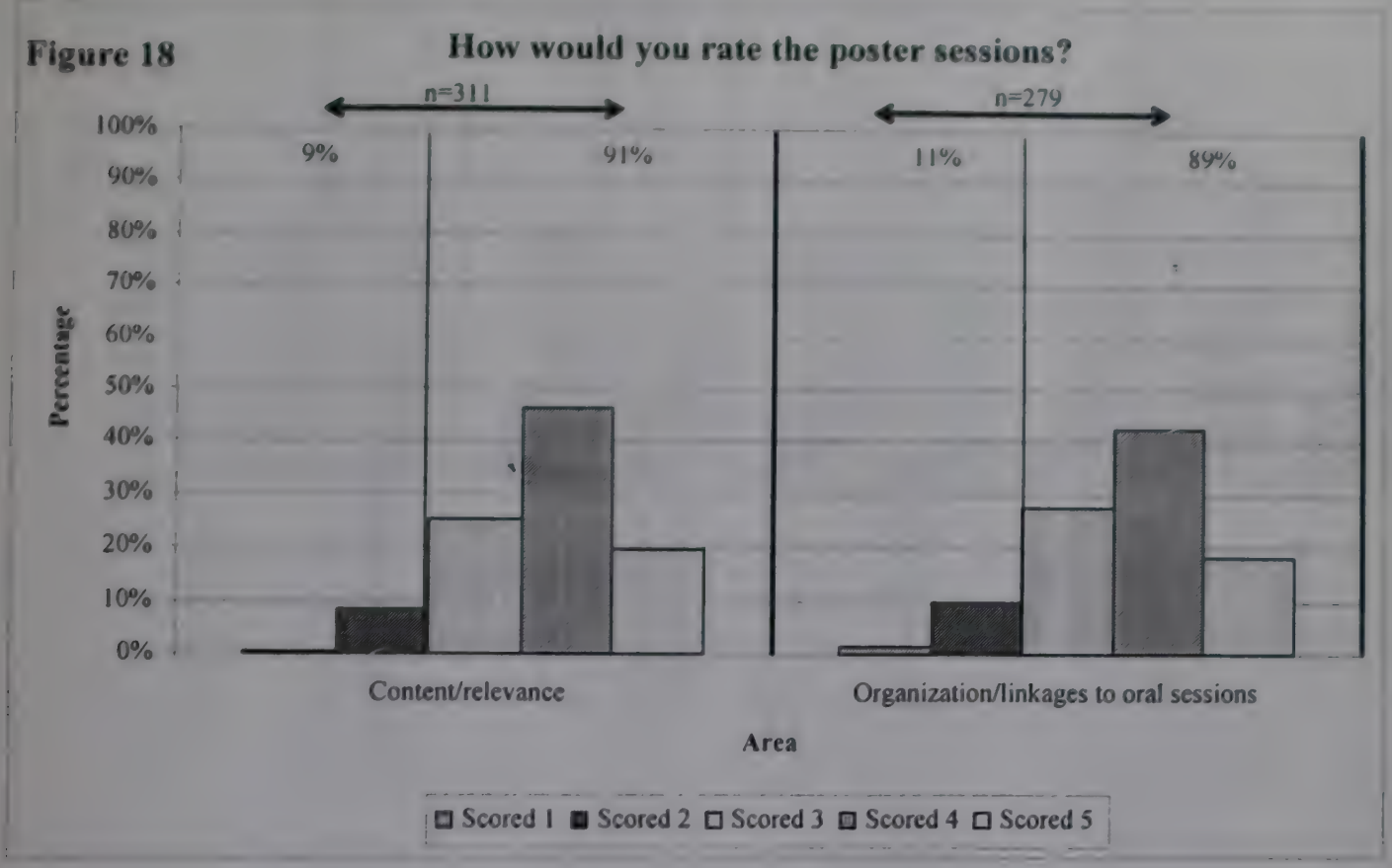


Figure 17 How would you rate the accomplishments of Forum 9 in providing an environment of debate and a marketplace for networking?



The next question dealt with the "utility/relevance of posters". The Programme Committee selected 149 posters and out of these 73 were displayed, the remainder either having cancelled or dropped out due to a variety of reasons – sponsors, dates, etc. Out of the 73 poster presenters, 10 had other roles/contributions in Forum 9. Evaluation forms reveal that for this component also, a very high proportion of respondents (over 90%) were satisfied/very satisfied (Figure 18).

Figure 18



C.2 Organization and logistics

The vast majority of respondents were satisfied/very satisfied with the "organization and logistics" of the meeting. However, there were some dissatisfied remarks from a few participants with regard to the 'airport reception/transport facilities'. Support and help from the hotel staff was recognized, and professional and friendly behaviour and attitude of the Global Forum staff towards participants was very much appreciated (Figure 19).

Figure 19 **How would you rate the organization and logistics of the meeting?**

C.3 Working towards the future

A series of four questions was posed in section 3 of the questionnaire, with space available under each for the respondents to write in their comments. The questions were:

- What were your main expectations from Forum 9?
- Were your main expectations fulfilled?
- What can be improved in future?
- Any other comments?

Many of the questionnaires returned contained responses to only some of these questions. Overall, the majority of comments received expressed positive/appreciative views by the participants regarding different segments of Forum 9, including the following (percentages of the total forms returned on which the specified comment was made):

- Congratulations and thanks for a very good meeting (10%)
- The meeting was very well organized and managed (8%)
- The marketplace and poster sessions were good/excellent (7%)
- An interesting and useful meeting (5%)
- Overall a good/excellent meeting (3%)
- Staff were friendly and helpful (2%)

A few negative/critical points were also made:

- The little time for discussion (14%)
- The venue of the meeting – far too luxurious (8%) and not near enough to the town (3%)
- Too little representation of members of civil society (5%) and national policy-makers (9%)

In addition, there were other responses and suggestions that are helpful to the Secretariat regarding how to further improve future Forums:

- Enhance the presentations which go beyond highlighting the problems and which present solutions, based on policy (action) research and social science. (9%)
- Structure the programme in such a way that it provides increased opportunities for active dialogue and discussion among the policy-makers and researcher. Specific suggestions were made about a roundtable format and moderated discussions. (9%)
- Reduce the number of parallel sessions. (6%)
- Organize skill development workshops for policy planners to increase the use of evidence (8%)
- Have some research methodology sessions/workshops (5%)
- Involve civil society as a visible partner along with researchers, policy-makers and development community for strengthening the discourse among research and development partners. (5%)
- Increase the focus on health policy and systems research. (6%)
- Include more controversial speakers and/or provocative topics. (3%)
- Develop mechanisms to increase communication with and involvement of media and journalists to improve interaction among stakeholders in research and development. (2%)
- Hold the annual forum meetings every two years. (3%)
- Provide opportunities for informal meetings with researchers and funders. (2%)
- Increase the presence of "young researchers/professionals". (1%)
- Increased representation of the South among Theme Rapporteurs. (1 person - 0%; a few people asked for more representation from Latin America and Africa 2%)

Comments and suggestions by the Foundation Council

During the Foundation Council's meeting after Forum 9 (17 September 2005), in their discussion of Forum 9 and consideration of plans for Forum 10, members of the Foundation Council made the following points:

- Forum 9 had been very successful and the staff of the Secretariat were congratulated for their hard work in ensuring that the arrangements had all gone very smoothly. The overall impression was of a very well organized meeting with an extremely friendly atmosphere.

- On the venue, local arrangements, timing and frequency:
  - The move away from Geneva to holding Forum meetings in developing countries was proving its value, as it was enabling the Global Forum to engage more strongly with regional constituencies, to attract the attention of senior politicians and policy-makers such as heads of state and ministers, and to facilitate much greater presence of local participants.
  - The collaboration with hosts (ministry, ICMR) and the local organizing committee (National Institute for Research in Reproductive Health, Mumbai) had been very effective and the support provided by the ICMR was greatly appreciated.

- Pre-conference arrangements for travel, etc. had generally been smooth, although a few people had experienced severe difficulties in obtaining visas.
- The Grand Hyatt Hotel had provided excellent facilities and support for the arrangements for Forum 9. The cooperation and helpfulness of management and staff were much appreciated
- Nevertheless, there were divided views about whether it was best to have Forums in such luxurious surroundings, yet surrounded by sights of extreme poverty. Some members felt that Forums could be held in universities, making use of their extensive facilities in lecture halls and classrooms, while others preferred the convenience of having a meeting that afforded comfortable meeting rooms integrated with an adequate standard of accommodation and catering. It was recognized that the use of a university campus for a meeting the size of the Forums would only be possible out of term time – restricting the possibilities to either mid-July to mid-September or January depending on the geographical location and academic cycle. One possible compromise suggested was to try to find a good hotel conference venue that was close to a major university campus and make arrangements that would facilitate access for university students and researchers. It was noted that arrangements for Forums 10 (Cairo, 2006) and 11 (Beijing, 2007) were already well under way and long-range commitments were already in process for their venues, while Forum 12 (Africa, 2008) would involve collaborative, multi-partnered arrangements (with COHRED, the World Bank and WHO) to organize a meeting with a high-level component. Therefore, 2009 was the earliest year when a different type of venue and shift in timing would be possible and it would be appropriate to consider this in a couple of years' time.
- Similarly, there was a range of views expressed about the desirability of continuing to hold Forums annually – arguments in favour included the opportunity to keep the Global Forum in the public eye, to ensure its messages reached different parts of the world within a reasonable time cycle, and to sustain the momentum of discussion and progress in thinking on important issues; arguments for moving to a longer interval such as 18 months or two years included the amount of staff time involved, the large financial resources needed to run the Forum, the possibility of alternating 'global' and 'regional' meetings, and the increased opportunity to follow up and report on the outcomes if meetings were held less frequently. Again, it was recognized that with the current planning processes already in hand up to 2008 it would be appropriate to (i) look at the outcomes of the Second External Review, (ii) wait until after March 2006 before deciding whether to hold a Forum in 2009, (iii) in due course, possibly appoint a sub-group of the Foundation Council to work with the Secretariat to formulate options and proposals for Forums beyond 2008.

- On participation:
  - It was noted that Forum 9 had reflected a regional focus and that there had been strong efforts to include country-based experiences.
  - While about 71 countries were represented in Forum 9, the absence of participants from some of the poorest countries was noted and ways to encourage such participation should be devised.
  - There was an impression that there had been less civil society presence than in Forum 8 and greater involvement by civil society in future Forums was recommended.
  - Similarly, the need was noted to increase participation by representatives of bilateral agencies, policy-makers and the private sector including CEOs.
  - It was also recommended that more effort should be made to encourage young researchers (the 'next generation' of researchers) to attend and participate actively in future meetings. Awards, bursaries, involvement in poster and essay competitions and

opportunities for young scientists to visit and engage with local research institutions were all mentioned as possible ways to encourage this.

- On structure and format:
  - Division of plenaries into smaller parallel groups would encourage effective debate on controversial topics.
  - More use should be made of roundtable formats rather than theatre style, enabling face-to-face debate between policy-makers, researchers, civil society, etc.
  - The innovation of assigning seven thematic and two roving rapporteurs, who gave summaries of their impressions in the last session of the Forum, had been very successful and was considered one of the highlights of the meeting.
  - As in Mexico, the satellite meetings and early evening special sessions had been a valuable feature. Expansion in the number of these events – particularly the smaller evening meetings – would be welcome, but it was recognized that the main limitation was the number of rooms available in the conference venue.
  - The posters had generally been of high quality and this had become an important element of the Forum. There were opportunities to involve more young people in the posters and to have a session where the best posters were selected for brief oral presentations.

- On development of the programme and programme content:
  - The opening up of the programme through the process of a Call for Abstracts had been a welcome feature of Forums 8 and 9.
  - It was good that the overall focus was being kept on research. Suggestions were made for increased attention to a variety of issues, including: research policy issues, research management, social and behavioural research, debates on regional issues.
  - The quality of discussions was variable and often seemed better in the smaller sessions than in the large plenaries. It was good to have controversies and better quality of debate, which might be facilitated by smaller groups, fewer speakers and more discussion time.
  - Despite the efforts being made to encourage speakers to focus on the implications of results for future policy and research agendas, it was still the case that overall, too much time was being spent on familiar problems and not enough on solutions/action. One possible way to improve this would be to make even more use of workshop formats. In these, participants can be more strongly encouraged to move beyond stating or restating the problem and engage in informed discussion rather than making brief, throw-away comments that are not contextualized. Workshops could follow on from the 'big themes' introduced in Plenary Sessions, which themselves could take more of the form of panel discussions.
  - The session on gender had been well received and it was suggested that Forum panels should, in general, include someone with gender expertise.

- On purpose, outcomes and impact:
  - Different views were expressed on the future balance between focusing on the least developed countries and taking a global perspective. This discussion goes to the centre of the Global Forum's mandate and the breadth of its perspective and mission and should be pursued in the light of the outcomes of the Second External Evaluation. It also needs to be considered in the context of the different mandate and mission of COHRED and the relationship between the two organizations.
  - Think more about who the Forum is trying to influence and engage them in debate,
  - It is wonderful to have promises made, but who checks on action and delivery?

THE GLOBAL FORUM FOR HEALTH RESEARCH: AN OVERVIEW OF STRATEGIC COMMUNICATIONS

INTRODUCTION

The role of the Global Forum in promoting health research for development

The Global Forum for Health Research was established in the belief that health research has a vital contribution to make to improving health and that too little research is being conducted to address the health needs of people in developing countries. The Global Forum seeks to draw attention to the lack of resources (financial, human and institutional) being invested in general in health research for developing countries and to identify and promote the closure of specific research gaps relevant to the health needs of poor populations. Overall, therefore, the Global Forum aims to change the priorities of funders, policy-makers, agenda-setters and researchers and thereby influence both the magnitude and direction of health research efforts.

As a small organization with limited resources, the Global Forum can only achieve these large changes through leverage – by playing advocacy, brokerage and catalytic roles to influence the agendas of others. It follows that communication is central to achieving the Global Forum's objectives – communication about gaps and needs; communication about stories of progress, success and good practice; communication of arguments and advocacy for change. Given the range of constituencies, stakeholders and key actors that need to be informed and influenced, the communications strategy must necessarily be broad-ranging, multi-layered and diversified.

The Global Forum therefore engages in strategic communications activities that are designed to present a range of communications packages, delivered through appropriate channels and in readily accessible sizes and formats that are tailored to individual target groups. Strategic communications may involve free-standing publications of the Global Forum, ranging in size from leaflets, brochures and press releases to policy briefs and detailed reports; they may be papers submitted to academic journals or presented at conferences; they may involve direct engagement with target groups in meetings, workshops or other gatherings, or with individuals in personal exchanges that are face-to-face or through the Internet.

Following the appointment of a new Executive Director in January 2004, the Global Forum has been consolidating and building on the achievements of its first phase of operations (1998–2003) through:

- reinforcing and extending its analysis of the '10/90 gap' and its efforts to help correct the gap;
- developing a strategic approach to the health research necessary to achieve the Millennium Development Goals and other international development targets, with a strong focus on poverty and equity issues;
- in all areas of its operations, taking a more strategic and focused approach that will optimize the leverage that can be obtained with the Global Forum's limited resources;
- giving priority to those activities that will achieve more visibility for the Global Forum and its products and more impact for its work.

EVOLUTION OF THE STRATEGIC COMMUNICATIONS FUNCTIONS OF THE GLOBAL FORUM

Communications roles and responsibilities

The Communications and Information Unit carries overall responsibility for the development and delivery of a wide range of products in print and electronic formats, accessible through hard copies and via the Global Forum's website, which was redesigned during 2005. In addition to producing a range of communication materials for which it has lead responsibility (e.g. organizational leaflets, brochures and posters; website; Global Forum Update on Research for Health), the Unit is also integrated into the work of other functional areas of the Global Forum. In particular, it is closely engaged in the design, marketing, staging and follow-up to the annual Forums, which represent one of the most visible and widely recognized activities of the Global Forum and are a key strategy through which it delivers its messages and galvanizes action. The Communications Unit is also an intimate partner in every activity of the Research and Programmes Unit, ensuring that a communications perspective is incorporated from the outset in the planning, development, execution and dissemination of R&P products and activities, which include analytical and synthesis work on elements of the '10/90 gap' (e.g. resource flows studies; priority-setting tools such as the Combined Approach Matrix; research capacity strengthening) and provision of support to the Global Forum's Networks and Initiatives.

The Communications Unit also has lead responsibility for the development and management of two information resources that provide crucial underpinning to the Global Forum's work: the **database**, which contains information on more than 10,000 contacts with whom the Global Forum interacts and which is also a central tool in the management of the annual Forums; and the **Resource Centre** which, while still at an early stage of development, is being built up as a core repository of key publications and information sources of relevance to the work of the foundation.

Beyond the Communications Unit, the majority of staff of the Global Forum also play important roles in communicating with various external bodies and individuals, whether through their participation in meetings and workshops, through their contributions to publications, or through their engagement with those contacting the Global Forum seeking information, advice or collaboration. The Communications Unit often plays an important supportive role in these engagements and tries to ensure that all such interactions are consistent, of high quality and professional.

ELEMENTS OF CURRENT STRATEGIC COMMUNICATIONS WORK

Current strategic communications work is a central component of the 2005-2007 Strategy now being implemented. It has the following seven major elements:

1. Design and publication of high-quality products

a. 'Flagship' publications

One of the most widely known products of the Global Forum has been the **10/90 Report on Health Research**. First published in 1999 and 2000, then biennially 2001/2002, 2003/2004, this was the first work through which the Global Forum became known. It drew attention to the massive under-investment in health research for the needs of developing countries: the term '10/90 gap' is now widely recognized and quoted. The 10/90 Report 2006 flags the importance of investments in research for health, not just on research on illness and disease, drawing

attention to the importance of investments in upstream interventions as ultimately more cost-effective and more efficient in creating and sustaining health than downstream investments.

In 2004, an additional major publication was created, taking the 'Forum' idea into print. The **Global Forum Update on Research for Health**, published annually, presents a collection of about forty articles by prominent individuals (including ministers, senior representatives of development agencies, research institutions, NGOs and other organizations, key researchers and activists). Each 'Update' takes the same theme as that year's Forum and provides a range of views, summaries, reviews and arguments that inform and stimulate debate that is complementary to the Forum itself.

Also in 2004, the Global Forum began producing a synthesis of the papers, discussions and debates taking place in the Forum meeting. Two *Forum Reports* have now been produced: Forum 8 and Forum 9. The Reports provide a broad outline of topics and discussion content; the full programme, list of participants and full papers is annexed on CD-ROM.

b. Other high-quality publications emanating from the Research and Programmes Unit

Monitoring Financial Flows
The Global Forum has established and continues to refine methodology for tracking global resources for health research (the only organization to do so). The latest estimate, published as **Monitoring Financial Flows for Health Research 2004** and widely quoted, puts global health research spending for 2001 at US$ 105.9 billion (comprising public sector 44%; private for-profit sector 48%; private not-for-profit sector 8%). The Report identifies that there are still major areas of under-investment in health research relevant to the needs of developing countries, including infectious diseases (old, new and re-emerging), injuries, mental and neurological health, and gender and health. Crucially, the Report also traces trends in noncommunicable diseases in developing countries (previously regarded as 'diseases of the rich' but now shown to be the predominant diseases in all regions of the world except sub-Saharan Africa) and calls for more research to provide solutions to this additional health burden that are specifically relevant to low- and middle-income countries. Based on these findings, the Global Forum is conducting detailed studies at the disaggregated level – to identify how much is being spent on research on individual diseases (both infectious and chronic), determinants and health problems of specific geographical regions and population groups, and to draw attention to precise cases where more investment in research is needed. **Monitoring Financial Flows for Health Research 2005: Behind the Global Numbers** provides data on some of these. A further volume in the series is planned for September 2006.

Combined Approach Matrix
From its inception, the Global Forum has recognized the need to understand and influence the choices made when priorities are set for health research. Studies led to the synthesis of a 'best practice' tool: the *Combined Approach Matrix* or CAM. The first detailed publication on the CAM was released in 2004, setting out its origins, purpose and methods of use and documenting the scope and success of initial applications. These have included use by a range of governments (e.g., Ministry of Health, Pakistan; COLCIENCIAS, Colombia), agencies and research institutions (e.g., TDR, Indian Council for Medical Research) to assist priority setting for health research on a range of diseases (e.g., tropical diseases), conditions (e.g., mental health, maternal mortality) and determinants (e.g., indoor air pollution, tobacco use) and for the analysis of gender-related issues in health research (e.g., applied to research on maternal mortality and HIV/AIDS). A Portuguese translation of the CAM by the Brazilian ministry of health is currently in preparation and other translations are envisaged.

Research Capacity Strengthening
No development without research: a challenge for research capacity strengthening was produced in late 2005, in time for distribution at Forum 9. The publication reviews the literature

and surveys the successes and failures of research capacity strengthening in the health field, in the context of its potential to contribute to health, development and equity. It points very clearly to the need for all stakeholders in the field – funders, producers, users and beneficiaries of health research – to be organized into a health research system in which the resources, drivers and priorities are aligned to produce results that are needed, valued and utilized.

Members of the Secretariat and consultants who have been involved in various projects of our work are encouraged to publish their findings in peer-reviewed journals. (A list will soon be available on the website and at the Montreux meeting as an annex to this document.)

Other titles

Other publications are currently at various stages of preparation. For example:

- a volume of synthesis and analysis on burden of disease studies
- a volume on sexual and reproductive health (to be co-published with WHO/HRP)
- a Health Partnerships Review
- the BIAS FREE Framework
- the new series **Policies for Health Research**

c. A portfolio of short, targeted products

In addition to major publications, the Secretariat of the Global Forum needs a variety of good-looking support materials, which constitute promotional material for activities or publications. Examples include:

– an annual report (new in 2006)
– the institutional flyer
– list of publications
– executive summaries of publications
– CD-ROMs of individual publications or grouped publications by year
– press releases, fact sheets, background briefs, etc.
– *RealHealthNews*

d. Website and Internet-based products

The new website launched in early 2005 was conceived as the **hub** of the Global Forum's communications activities. As the 'shop window' for the broadest possible audience, it depicts the Global Forum as a serious organization, committed and passionate about its mission, and working hard to pass on information and to change opinions. The lively home page changes often, so as to give an impression of dynamism, and the site is becoming increasingly interactive.

The site provides information on our research portfolios, networks and initiatives, annual meeting, publications and activities.

It also promotes year-round interaction with an increasingly broad community through features such as: the list of international meetings (for consultation as well as submission of other meetings), sign up for news, sign up for *RealHealthNews*, order publications, send in an abstract, register for an event, contact us.

The section on *RealHealthNews* (being further developed) gives the pdf file of each print issue but also provides information behind the stories and interviews. It is frequently updated and gives links to supporting documentation to take the reader further.

The section on Forum meetings not only provides information on programme and logistics but allows abstract submission and registration – a critical feature.

In 2005, an e-mail discussion on the theme of Forum 9, 'Poverty, equity and health research', hosted through HIF-net was launched and promoted through our website. Plans are now moving ahead not only to continue these discussions but to launch in 2006 a sister list to HIF-net, provisionally called hr4d-net.

e. Annual Forum-related communications materials

Approximately 18 months in advance of a Forum, design work is commissioned to produce its image. Colours, pictorial references and symbols, cultural sensitivities are checked with contacts in the host country and the design finalized. This image is used for the first promotion of the event, to be shown at the previous year's Forum, and is subsequently 'declined' into other products.

These include promotional material such as posters, flyers, invitational brochures, letterhead; a new section of the website; participants' material, such as the book of abstracts, programme, participants list and badges; other Forum-related material, such as the *Report* and related *Update*.

2. Dissemination

The high quality print and electronic materials emanating from the first element of the strategic communications work would fail to have impact if they did not reach the target audiences. Each product is carefully tailored for one or more specific audiences, whether policy-makers, funders, researchers or other groups to be informed and influenced.

Examples of types of dissemination of printed material: targeted mailings (with a personalized letter), distribution at the annual Forum (in the participants' bag), distribution at other meetings (perhaps after a presentation on the Global Forum), display in exhibitions, permanent display in the Global Forum's offices and at WHO, distribution via initiatives and networks.

Some of the Global Forum's products are estimated to be of interest to all our target audiences. This is the case of our flagship, *The 10/90 Report on Health Research,* but the product can take on different forms: for example, electronic or traditional print. Before distributing the last edition of the *10/90 Report on Health Research*, published in May 2004, a consultation was undertaken of contacts in the Global Forum's database to ascertain whether each individual would like to receive a printed copy of the full report and/or the Executive Summary in English, French and/or Spanish and/or a CD-ROM with the same material. There was very little initial uptake for the CD-ROM, in fact, although it has proved a useful, lightweight tool for distribution at international meetings.

In addition to direct mailing to our contact database, the Global Forum is fortunate to have access to a selection of contacts from WHO's publications dissemination database. Examples of groups selected include: ministers of health and their staff, WHO representatives in country and regional offices, schools of public health, health libraries and scientific expert groups in various fields.

For some years, the Global Forum has asked contacts and participants in its activities to complete a form indicating interest in specific areas of its activities. Database selections can also focus on these 'personal interest' categories to target a relevant audience. For instance, to disseminate the recent publication *No development without research: a challenge for research capacity strengthening* a search was done on interest in 'research capacity strengthening' as one way to reach relevant groups.

Promotion via electronic means (announcements through well reputed list-serves such as PAHO's EQUIDAD or Afronets or HIF-net) permit links to pdf files of publications and to the website. From there, publications can be downloaded or ordered, free of charge.

For each publication, a mix of dissemination actions is put together, taking into account previous campaigns.

3. Media outreach

A review and analysis of work in 2005 is under way. The main focus of work was Forum 9 and the publication of several new reports.

Actions for 2006 will focus on:
– publications and research results:
Monitoring Financial Flows 2005 and *2006*
10/90 Report on Health Research 2006
other products
– Forum 10
– the current debate on health research (in the context of discussions at the WHO Executive Board meeting in January and May's World Health Assembly)
– other opportunities such as World Health Day and Report, other major reports (Commission on Intellectual Property, DCPP, World Development Report, etc.)

Other objectives include:

- building stronger relations with leading individual journalists
- keeping up a list of key contacts in leading media worldwide
- making links regionally and in the country of each annual Forum
- maintaining contacts with Geneva-based journalists
- being the first stop for journalists seeking information on health research for development and providing information or a relevant contact
- providing copy for electronic media.

4. Representation and public relations

A major part of building the Global Forum's reputation consists of making the investment of taking part and being present in key meetings and events worldwide. The Global Forum receives an increasing number of invitations and, with an expanded staff, has managed to travel extensively over the past two years (an annex on the representation of the Global Forum by its secretariat in 2005 is in preparation). This has certainly increased visibility and thus enabled the Global Forum to influence health research policies in regional, national and international meetings.

A detailed plan of representation has been drawn up and budgeted for 2006, based on the current list of meetings and known travel plans. However, it is clear that this will be adjusted as opportunities unfold.

A standard item on the agenda of Foundation Council meetings is the Global Forum's list of international meetings. FC members and head of initiatives/networks are invited to add to it (with meetings that they are already planning to attend) and to represent us wherever relevant and possible.

The Global Forum provides documents and publications on request to support such participation. A review of new support material needed will be carried out in early 2006. (For example, a 'toolkit' could include a recent general PowerPoint presentation, the latest flyer, list

of publications, information on the next Forum, media releases, etc.)

We need to work strategically to build contacts and links into networks so as to get across our messages forcefully but economically. Each member of the Secretariat and each member of the Foundation Council belongs to various networks. We need to harness the power of these to move our agenda forward.

5. Positioning/institutional identity

The Global Forum for Health Research has a recognizable institutional image and behaviour. It has coherent documents and publications, website and promotional material for the annual Forum. Its publications are of good quality (content and format) and are available free of charge (pdf files can be downloaded and printed from our website; paper copies are available on request).

After the recommendations of the external evaluation are known, it is proposed that a consultation (communication audit or situational analysis) be held to provide advice on current positioning, looking at the wording of the claim (Helping correct the 10/90 gap) and of statements of vision, mission, values and principles, to see whether these are appropriate. In particular, the value associated with the current claim (Helping correct the 10/90 gap) would be assessed as part of this exercise.

6. In-house information tools/resources

The Global Forum's contacts **database** has become a relatively sophisticated tool that now needs to be placed on a robust platform if it is to continue to perform properly and to meet new needs. It currently functions as:
(a) a database of contact details
(b) a tool for meetings management (on both logistics and programme) and
(c) a tool for publications distribution.

In early 2006, a project is under way with a specialist firm to clean-up the database and migrate it to MS SQL server so as to have a more robust platform.

During 2006 we will examine options for further improvement, including further development of the existing database or the possibility of purchasing an off-the-shelf customer relationship management software, modified for NGO use. It is proposed to continue consultations and seek the advice of other NGOs and partner institutions who have been through a similar process.

The importance of the tool is clear: an organization like the Global Forum needs to maintain accurate information on individuals (and institutions) that form its target audiences, as well as records on its relationship with them.

The project to catalogue and centralize into a **resource centre** documents and publications belonging to individual members of the Secretariat continues and will be developed to meet the information-sharing needs of the Secretariat.

7. Assessment of engagement, outcomes and impact

In the life of a young organization or a new activity, it is often difficult to quantify impact, particularly in the short term. It is nevertheless important to set priorities based on assessment of engagement and outcomes.

For example, in order to estimate the impact of a plenary presentation by the Executive Director to a particular meeting in a given location, we can examine various data:

- We can take into account the number of people in the audience, their likely status as policy-makers, decision-makers, messengers and/or influencers.
- We can look for feedback on the presentation (in local newspapers or newsletters, on websites, in quotes, reviews or synopses) and on actions that have resulted from it (e.g., foundation of a network; change in policy).
- We can look at increased numbers of visitors to the website and even increased requests for our publications from that city or country, etc.

But there will always be the unseen influence that could take months to mature, that may rely on an unseen and unforeseeable web of personal contacts.

We regularly monitor the website, track publications distribution and feedback, evaluate Forums and other meetings, track the press/media.

Some examples of current indicators of success: In the media 2005; Publications orders received 2005; Publications disseminated 2005; Web statistics 2005. (These documents will soon be available on the website and at the meeting in Montreux.)

Others are in planning for 2006, including short electronic questionnaires/surveys on the value of our publications and our website. Any statement of communications objectives, which will always concern *change*, should include indicators of success.

PRIORITIES FOR 2006

1. **To maintain and promote the visibility and reputation of the Global Forum**

   We will continue our efforts to make better known the name and the work of the Global Forum for Health Research by presence and participation in all relevant meetings, listings and discussions.
   Action: The Secretariat (particularly the Executive Director, his deputy and other professional staff) and the Foundation Council are asked to represent the Global Forum.

   We will continue our efforts to make our publications better known.
   Action: The Secretariat will make efforts to ensure review of its publications in relevant journals.

   We will increase our efforts to publish reports on our work in peer-reviewed journals.
   Action: Professional staff with relevant portfolios will include this element in future project planning.

   Indicators of success: During 2006, we will note the number of invitations received; record meetings attended and any immediately discernible impact; collect examples of media notices, reviews of publications; citations, etc. First statistics for 2005 will serve as a baseline for comparison (see annex soon available on website and in printed form in Montreux).

2. **To increase outreach to specific audiences**

   A core target for the Global Forum is the constituency of 'policy-makers'. We are continuing our efforts to include them in our work – for example, in hearing and responding to our messages, in using the tools we are developing and in taking part in the annual

Forum*.
Actions: *RealHealthNews* was begun in 2005 as a vehicle to reach this group. We plan to continue in 2006 and to begin to assess impact. The new series of briefs *Policies for Health Research* is an attempt to reach the same audience of policy- and decision-makers.

Indicators of success: mention of our work in speeches by politicians; use of our publications by government think-tanks and civil servants involved in strategy/policy preparation; increase in requests to use our methodologies (e.g., the Combined Approach Matrix); increase in contributions to our work on the monitoring of financial flows (e.g. provision of statistics).

3. **To encourage participation in our activities by additional specific groups**

For several years, we have been working to improve the spread of participation in the annual Forum; for example, by encouraging participation from specific geographical areas, by paying special attention to gender balance, by sponsoring attendance of individuals from marginalized groups, etc.
Actions: In 2006, we will specifically encourage next generation researchers. Two projects are under way:
(a) a special category of abstracts (for researchers under 40) has been created. Depending on response, these will be featured at Forum 10.
(b) an essay competition is about to be launched. Under the general theme 'Combating disease and promoting health', we invite short essays from young professionals working or interested in the broad spectrum of health research for development*.

Indicators of success: number of entries received and interest in these new projects; number of 'younger' people taking part in Forum 10.

4. **To promote the Global Forum's activities and research results better to non-English-speaking communities**

How can the Global Forum make its work more accessible to non-English-speaking communities? Thus far, we have provided summaries and press releases of major publications (e.g., the 10/90 Report) in French and Spanish, to be circulated alongside the full publication in English. We have also translated our small institutional brochure into the same languages and we have encouraged any organization interested in using our texts to make their own translation.
Actions: In 2006, we will:
(a) stimulate translations of our texts as far as possible in collaboration with country organizations: for example, a translation into Portuguese of the Combined Approach Matrix is under way by the Brazilian Ministry of Health.
(b) examine the possibility of putting up mirror websites to our own site, or to relevant parts of our site, in other languages: for example, it may also be possible to set up a mirror site in Portuguese in collaboration with the Brazilian Ministry of Health.
(c) examine the possibility of including in all our publications a short summary of the text in other languages (as is done, for example, for articles in the WHO Bulletin)
(d) produce versions of our institutional brochure in additional languages: for example, Arabic, Chinese and Portuguese.

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* We have taken a first step in measuring more accurately the participation of this group in the annual Forum by asking participants to define their own role. It will be informative to see the results at Forum 10.
* A third project is under discussion, with COHRED and representatives of the medical and pharmaceutical students' associations, which would take effect at Forum 11 and beyond.

Indicators of success: as a first step we will measure the interest in such publications.

5. **To create and nurture a year-round Global Forum (e-)community specifically focused on health research**

In 2005, the Global Forum began a collaboration with INASP (the International Network for the Availability of Scientific Publications) to support the e-mail discussion list HIF-Net. The moderators ran a discussion on poverty, equity and health research, the theme of Forum 9, which was moderately successful as a first step towards assessing interest in such a discussion list focused on health **research**.
Action: During 2006, we will continue our collaboration with INASP to create a sister list to HIF-Net (working name: hr4d-net) focused on the health research community. The objective will be to create an electronic community interested in continuing discussions and information-sharing on health research for development in between annual meetings.

Indicators of success: number of people who sign up to the list; number who take part in discussions.

6. **To celebrate Forum 10**

Our meeting this year will be the tenth Forum, celebrating the progression of Forums to double figures.
Action: Forum 10 will include a variety of materials drawing attention to the anniversary including: a display/poster showing where we have come from; references to the '10th' in the Opening Ceremony and Opening Plenary; highlighting those participants who have been to most/all of the ten Forums.

RESOURCES

No description of communications activities is complete without an assessment of the availability of resources to carry out the programme. The quantity and quality of resources can certainly help output and impact. Clear definition of priorities is also important for using these resources in the most efficient and effective manner. Experts refer to the 'support and integration' of essential strategic communications practices as: support communications at leadership level; earmark sufficient resources; integrate communications throughout the organization; involve staff at all levels. The work of the Communications and Information Unit in the Global Forum is supported in all these ways.

In 2006, it is foreseen to bring the staffing level of the Unit to five, by upgrading and turning into a full-time post the database/publications assistant position. It is unlikely that the post will be filled before April or May but by mid 2006, in-house human resources for communications work should be at optimum level*. This should help provide additional necessary time and flexibility to go beyond the daily business and add the creativity necessary for successful work.

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* Despite agreement to increase the capacity of the Communications and Information Unit, it was not working at full strength during 2005. At the end of 2004, according to the Workplan and Budget, the unit had the equivalent of 3.3 staff (two full-time, one at 80% and one at 50%): its head, information officer, communications assistant (web and production) and database assistant. For 2005, the number of staff was increased by one full-time person, to: head, communications assistant (web and production), writer/editor, information/database manager and database assistant. However, until May 2005, only 3.3 (editor joined in May) = 73.33% strength; and between June and November 2005, only 3.5 (information/database manager post vacant) = 77.77% strength. The changeover and training of new staff has proved time consuming.

CONCLUSIONS

Important papers tabled for Foundation Council discussion, such as 'Focusing the Global Forum', closely affect communications work. As discussions on these issues, on the evaluation of the Global Forum and on our close collaboration with COHRED reach some conclusions, the communications strategy will necessarily evolve to remain in tune with new priorities.

ANNEXES (Soon available on the website and in printed form in Montreux.)

1. In the media 2005
2. Other examples of measurement:
– (a) publications orders received 2005
– (b) publications disseminated 2005
– (c) web statistics 2005
3. List of articles in peer-reviewed journals 2000–2005
4. List of meetings attended in 2005
5. Joint communications work with COHRED (in progress)

Assessment Framework for product development public-private partnerships

Document for discussion

Background

As described in the concept paper presented to STRATEC and the Foundation Council in September 2005, it is often difficult to determine how effective a particular public-private partnership (PPP) is, for PPPs involved both in product development and in access. Commonly recognized, comparable measures by which to assess the performance and progress of the different types of PPPs may facilitate targeted longer-term funding, and ultimately result in better products for neglected diseases and populations. This discussion document is a first step in response to STRATEC and the Foundation Council's request for the development of an Assessment Framework for public-private partnerships.

PPPs can span a vast spectrum of functions and operations, and it would be counter-productive to try to devise a single tool to compare, for instance, a global funding mechanism to a local partnership set up to distribute existing drugs. We have decided to begin with a tool to assess the projects of product development partnerships. Future analytic work will examine other types of PPPs, including those dealing with access issues.

Purpose

The ultimate goal of the product development public-private partnership (PDP) approach is to produce affordable products to address neglected diseases in the poor populations of developing countries. This Assessment Framework is not meant to be a prescriptive tool, but will rather be designed to bring together the information needed to determine the likelihood of success of the PDP in achieving this goal. The main purpose of this tool is to give those interested in the performance of PDPs a standardized set of questions to ask, and data points to collect on the PDPs. A few attempts have been made at exploring performance metrics for PPPs, and this framework will build on these.[1]

While any of the data on its own may give a misleading picture, the idea of this Assessment Framework is to bring together a wide enough set of parameters to obtain a realistic picture of the effectiveness of a specific PDP or project. Major scientific challenges, for instance, which may form part of the reason for which no appropriate products exist against a specific disease in the first place, should not penalize the PDP working on high-risk projects to overcome them. Furthermore, it may be difficult to compare project costs to industry benchmarks, as industry costing information is often highly confidential, and can vary significantly depending on to what extent quoted figures

[1] For instance, Mary Moran and her team studied the performance of a few drug-development projects. A meeting organized by the Initiative on Public-Private Partnerships for Health in 2004 discussed some of the potential success factors for the PDPs. An evaluation of MMV was recently published by DfID.

take into account the cost of failed candidates, as well as peripheral activities such as marketing.

Level of analysis

Most of the PDPs have now adopted a pharmaceutical industry-style portfolio management system, by creating a pipeline of projects at different stages of development, with different risk profiles. This approach is used to increase the likelihood of the development of a viable product, as there is a natural attrition rate in the product development process (i.e. a certain number of projects are statistically bound to fail).[2]

Thus, when assessing a PDP, it is important to look at two levels of analysis: a) the organizational level and b) the project level. At the organizational level, we look at factors describing how efficiently the PDP is being run, how stable it is, as well as how it is planning for the long-term. At the project level, we look at the need for a PPP to address a particular disease/condition, project timelines and costs and the projected utility of the output for the target users. To determine how well a particular PDP is performing, it will be necessary to look at the analysis of the organization as well as all of its projects to obtain a full picture of how well the portfolio is likely to do.

There are currently PDPs working on drugs, vaccines, microbicides and diagnostic tools. Each of these types of products has a number of very specific issues which will affect its likelihood of success. For vaccines, for instance, the predictive power of statistical data on failure and attrition rates, as well as on development timelines, is not considered very reliable (due to a belief that previously developed vaccines presented far fewer scientific challenges than those being worked on now). Furthermore, the clinical trials require far larger numbers of healthy participants, and the efficacy and toxicity are often greater unknowns than with drugs. For diagnostics, issues around the predictive reliability of new products will be key. Therefore, the "product" section of the Assessment Framework will thus be tailored for each of these four types of products.

Assessment Framework

The following is the first draft for discussion of the PDP Assessment Framework (with tables for the organization level and project level analysis), with a description of the several variables.

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[2] A criticism of some PDPs, and their donors, has been that this portfolio approach has not been well understood or managed. Donors may view project failures as being representative of organization failures. Consequently, the PDPs may keep on unpromising projects for longer than is optimal. There may also be a tendency to keep on suboptimal projects to give the appearance of a well-filled pipeline.

a) ORGANIZATION	
Mission	*What is the objective of the PDP? Does it focus on the creation of a product, or does it also include registration, production and distribution?*
Expenditures Total (past year) Percentage on PD projects Percentage on advocacy/sensitization Percentage on administration	*How much of the PDP's expenditures are on the projects themselves, how much on administration, and how much on advocacy?*
Stability Duration of operations Continuity of donor participation New donors secured Public/private contribution (capital and in-kind)	*How long has the PDP been running? Does it have a diversified set of donors, or is it reliant on one or two? How much of its funding comes from the public and private sectors? Has the PDP been able to secure new donors?*
Accountability Board representation Public-private ratio on staff Developing country involvement	*Who sits on the PDP's board? Does it have an appropriate range and mix of skills and experience to oversee the PDP's portfolio? Are the concerns of representatives of the eventual users of the products being taken into account?*
Organization sustainability Strategy for fundraising Long-term plans	*What specific strategy does the PDP have for fundraising? What are the long-term plans and strategy for the PDP?*
Plans for product access	*Is the PDP involved in finding ways to distribute the products they will develop? If not, are the downstream issues being addressed elsewhere?*
Project management	
Portfolio	*How many candidate products are in the portfolio? What is the PDP's strategy for portfolio management?*
Pipeline	*What is the composition of the pipeline?*
Transparency Project selection policy Project assessment policy	*Does the PDP have a set of clear policies for project selection and portfolio management?*

b) PROJECT	
Disease/project background	
Disease burden	*What is the global disease burden?*
Existence of affordable, appropriate products	*Are there any products that are safe, effective and affordable?*
Research conducted on disease Basic research Product development	*How much activity is there currently on this disease? What does a bibliometric search on basic research yield? How much product development is being conducted?*
Scientific challenges	*What are the specific scientific challenges associated with the disease? What is the anticipated timescale for solving these?*
Type of project (reformulation, new product, new scientific approach)	*Is the project tweaking an existing product, or is it breaking new ground?*
Target population	*Who will this product be used by?*
Partners and functions	*How is the research structured? What is each partner focusing on?*
Project stage	
Project lead origin	*Where did the lead originate? At what stage was it taken on by the PDP?*
Stage of development	
Time spent in previous stages Lead Identification Lead Optimization Pre-clinical Phase I Phase II Phase III Phase IV Registration	*Drug development times can serve as good proxies for the efficiency of the development process. Some industry benchmarks also exist for drug development.*
Comparison to industry averages for disease (or comparable disease)	*This may be difficult to assess, given the wide divergences between disease agents, chemical agents, etc. However, it is important to have an idea of how this process compares to industry, for the sake of understanding the efficiency of the process.*
Internal assessments and results	*What is the justification to keep this project going?*
Project funding	
Funding projected so far	*How much was anticipated to reach the current stage*
Funding spent so far	*How much was spent*
Future projections	*How much the PDP expects the development to cost from this point on*

Funding secured	*How much has been secured specifically for this project?*
Projections include	*What do these projections include? The cost of clinical trials, licensing, etc?*
In-kind contributions	*Have there been any non-monetary contributions to this project? What is the approximate value of these in-kind contributions?*
Clinical trials and regulation	
Clinical trials preparation plan	*What plans have been put in place to conduct clinical trials? Where will the trials be conducted? What is the recruitment strategy? Does the capacity to conduct trials exist at these sites?*
Regulatory approval plan	*Where will the product be registered? Are there any complexities associated with the product with respect to regulation?*
Patent/licensing policy	*Who will own the rights to the product? What is the patent/licensing policy?*
Output	
Projected price	*How much is the product expected to cost?*
Health value Safety Efficacy Suitability	*To the extent known, how effective is the product? Are there major side effects? How suitable is it for the target population?*

Next steps

Based on comments received from FC/STRATEC, these draft tables will be refined (to include separate sub-sections for vaccines, drugs, microbicides and diagnostics), and discussed with a number of experts, including donors, PDP representatives, pharmaceutical industry representatives and researchers. We will then pilot-test this Framework with different types of PDPs to refine it further.

Progress report on networks/initiatives supported by the Global Forum

Background and History

The Global Forum has nurtured and supported the following 6 research networks (in addition to the Initiative on Public-Private Partnerships for Health which was wound down early in 2005):

1. Alliance for Health Policy and Systems Research (Alliance)
2. Child Health and Nutrition Research Initiative (CHNRI)
3. Initiative on Cardiovascular Health Research in Developing Countries (IC Health)
4. Global Network for Research in Mental and Neurological Health (GNRMNH)
5. Road Traffic Injuries Research Network (RTIRN)
6. Sexuel Violence Research Initiative (SVRI)

Of these six initiatives, the Alliance, CHNRI and IC Health have been under the legal umbrella of the Global Forum. Of the remaining three, GNRMNH is a registered not-for-profit organization in the USA, RTIRN is housed in a university in Sri Lanka and SVRI has recently moved its secretariat from WHO to the Medical Research Council of South Africa.

The Foundation Council (FC) in its meeting of 10 March 2004 asked that the networks/initiatives under the legal umbrella of the Global Forum submit reports on their progress towards independence by the end of 2004, for review of the Council. Subsequently, progress reports have been made to each meeting of the Foundation Council.

Progress of the Alliance, CHNRI and IC Health

The Alliance

In its meeting in Mexico in November 2004, the Board of the Alliance decided that it wished to function within the framework of the World Health Organization. A taskforce was established to work out the modalities of working within WHO. The taskforce recommended that the Alliance work within the Evidence and Information Policy (EIP) Cluster in the Department of RPC. It further recommended to agree on a letter of understanding with the ADG of EIP and to prepare a TOR with WHO.

The recommendations were endorsed by the Alliance Board and the Chair wrote a letter of understanding, which was agreed upon by the ADG/EIP. Based on the letter of agreement, a draft TOR was prepared to formalize the legal structure of the Alliance within WHO. According to the TOR, there will be a Partnership Board (PB) and a Strategic and Advisory Committee (STAC) and ACHR will provide oversight in WHO. The TOR was examined by the legal department of WHO and was finalized. The Alliance Board was dissolved in April 2005 to give way to the new structure based on the TOR. According to the TOR, the PB consists of 8 members comprising the representatives of WHO, Global Forum, donors and experts. The STAC has 8 members, who are experts in Health Policy and Systems Research (HPSR). The PB was formed in October 2005 and it held its first meeting in November. The STAC was established in December 2005.

To prepare a new strategic framework for the Alliance a combined PB and STAC retreat meeting was held on January 25-26, 2006 in Windsor, UK. This meeting provided future programme direction to the Alliance.

The Alliance is now independent from the Global Forum and is legally under WHO.

CHNRI

CHNRI has made good progress towards becoming a Foundation to be based in Geneva, Switzerland. A Swiss legal adviser has been retained and has worked with CHNRI to develop the obligatory Statutes and By-laws from the existing CHNRI Rules and Regulations, as required. This work was substantially completed by July 2005. A complete final draft of the Statutes and By-laws was approved by the Board members during the last Board meeting held in Mumbai (alongside Forum 9) in September 2005.

Following Board approval of these two documents, they were translated into French. The documents have been reviewed and sent to the legal adviser (Ms Dominique Hempel) for final translation and later on for submission to the Public Notary in Switzerland.

CHNRI is now researching options for future activities such as: having a representative and address in Switzerland, establishing a bank account and looking at the possibility of hiring a financial manager to be based in Switzerland. It is expected that all required formalities will be completed by the end of April 2006 and CHNRI will be registered as a Swiss Foundation.

CHNRI will become legally independent from the Global Forum by the end of April 2006 and will be registered as an independent Swiss Foundation in Geneva, while being housed in and operating from ICCDRB, Bangladesh.

IC Health

IC Health has so far been functioning under the legal umbrella of the Global Forum for Health Research. Although for decision-making purposes, it has a separate Executive Committee and a Partnership Council, it has not been registered as a legal entity. As a result, all the funds received are kept in a separate IC Health account, which is handled by the Global Forum. Appreciating the decision made by the Foundation Council of the Global Forum that all the initiatives of the Global Forum operating currently under its legal umbrella should move to separate independent legal entities, discussions on creating a separate legal entity for IC Health took place in the Council meeting of IC Health, held at Geneva on 16th Jan 2005. The Council took the following decision on this issue:

"After a detailed review of several options, the Partnership Council considered that the model that best suits IC Health would incorporate the following elements – a Secretariat located in a developing country and a legal entity registered in the name of IC health in Switzerland." This entity would function as the recipient of funds flowing to IC Health and disburse them according to the decisions communicated by the Secretariat, in accordance with the mandate, budget and procedures approved by the Executive Committee and the Council of IC Health. This should ideally be an independent entity, with a lawyer representing IC Health providing the address. The possibility of another organization located in Geneva (such as the World Heart Federation) extending a 'bureau service' to the independently registered IC Health may also be considered.

IC Health is currently being guided by Mr Louis Currat, former Executive Secretary of the Global Forum, in the process of registration of IC Heath as a Swiss Foundation. In accordance with the decision of the Executive Committee of IC Health at the meeting of September 2005, a formal request was made to Mr Currat to be one of the Founding Members of the new legal entity. Mr Currat has accepted this request.

In consultation with members of the Global Forum Secretariat, Mr Currat is currently helping IC Health to draft Statutes and By-laws for the foundation. These documents have already gone through several drafts, but have not yet been finalized.

The Board of Directors of the new foundation should be finalized, in consultation with the present Chair of IC Health, by the middle of February 2006. IC Health has already announced that there will be a meeting of the Executive Committee of IC Health at Geneva on Monday 24 April 2006 and the new Board will meet on the 25 April 2006.

Noting the pace and progress of ongoing work, it is anticipated that IC Health will progress to registration as a Swiss Foundation, probably by the end of April 2006.

Progress of GNRMNH, RTIRN and SVRI

GNRMNH was launched in 2001 and was established as not-for-profit organization in USA in 2003. It has its independent Board and a small Secretariat managed by a secretary. This network has been conducting research studies, research priority setting exercises and raising awareness about the rising burden of mental and neurological problems.

Comment: While legally independent, the network is mainly supported by the Global Forum and needs to work on its fund-raising strategy to ensure its sustainability and impact.

RTIRN is a partnership of individuals and organizations interested in collaborating on road traffic injury research in low-and middle-income countries. It was launched by the Global Forum in 2002. It also has its own Board and after a transparent and competitive process, in January 2006 its Secretariat was transferred to the University of Peradeniya, Kandy, Sri Lanka. The Chair of the Global Forum's Foundation Council participated in a public event inaugurating the new Secretariat. Until recently, this network has been primarily funded by the Global Forum. However, they have recently obtained a grant of more than US$ 500,000 from the Transport Sector of the World Bank for the year 2006-2007.

Comment: The network needs to continue to diversify its resource base and to strengthen the core of the Secretariat, which at present is only one part-time individual.

SVRI was launched in 2000 and until recently has been operating as a project within WHO Headquarters (Department of Gender, Women and Health) with funds provided by the Global Forum. Following a competitive tendering process to find a new location for the Secretariat, it was transferred to the Medical Research Council of South Africa in January 2006 and will be hosted there at least for the next 3 years.

Comment: SVRI is now under the dynamic leadership of an international leader in the field (Rachel Jewkes) and with a good level of institutional infrastructure to support its work. During the next 3 years, it will need to diversify its resource base to ensure long-term sustainability. The Global Forum is represented on the governing body of SVRI and will continue to closely track its progress.

Membership of Foundation Council

Background

Three positions on Foundation Council fell vacant during 2005, as a result of members reaching the end of two three-year terms of service:

Nirmal Ganguly – Stepped down at the end of Forum 9. His replacement should be found from among the research institutions in Asia.

Andrew Kitua – Stepped down at the end of Forum 9. His replacement should be found from among the research institutions in Africa. It was suggested that a possible replacement could be found within the newly formed East African Research Council.

*Adolfo Martinez-Palomo** – Stepped down at the end of Forum 9 as a Research Institution representative from Latin America.

* Note: the Foundation Council adopted a procedure for donor agency representatives which includes provision for up to five donor representatives of multilateral agencies and high-income countries; three donors representatives of low- and middle-income countries; and one representative of donor foundations. Mexico became the first middle-income country donor to the Global Forum at the end of 2004 and the Minister of Health, Mexico, nominated Adolfo Martinez-Palomo to represent Mexico on the Foundation Council.

There are thus three vacancies to be filled, for new Foundation Council members from Research Institutions in Africa, Asia and Latin America, respectively. Since the sex ratio on the Council is currently very close to 50-50, ideally at least one of the three chosen should be male and one female.

During 2005, nominations were received from Foundation Council members for nine candidates and all were contacted and agreed to be considered. However, during discussion at the Foundation Council meeting in Mumbai in September 2005, a need was expressed to broaden the representation by different language groups and also the desire to seek some 'fresh' people who were not part of the familiar international pool. It was felt that a period of further reflection was appropriate and that additional nominations should also be considered. It was therefore agreed to seek further suggestions to add to the list already available and to hold the elections at the meeting in March 2006. The Executive Director was requested to inform the nine existing candidates that the decision had been postponed but that, unless they objected, they were still being considered for election. This was been done – none objected to waiting, but one (Cesar Victora, Brazil) subsequently withdrew as he meanwhile accepted another commitment and could no longer spare the time.

To facilitate the election process, the Foundation Council appointed a Nominations Committee – Mahmoud Fathalla, Marian Jacobs, Ok Pannenborg – who were requested to seek out names to add to the list of candidates. In addition, to ensure that as wide a range of views as possible was canvassed, the whole Council was contacted one further time to seek its inputs.

Overall, this process generated a further five names of persons meeting the geographical and institutional criteria. These have been added to the list of eight candidates remaining in consideration after the previous round. The tables below present the 13 candidates, listed by region, and their brief bio-sketches are provided. One person from each of the three regions should be elected by the Foundation Council.

Research Institutions in Africa, Asia and Latin America: Nominations

Vacant Position 1: Africa

Nominee	Sex	Country
KOHI Yadon	M	Tanzania
LEKE Rose	F	Cameroon
MUGAMBI Mutuma	M	Kenya
REES Helen	F	South Africa
SHISANA Olive	F	South Africa
TUMWINE James	M	Uganda

Vacant Position 2: Asia

Nominee	Sex	Country
CHOWDHURY Mushtaque	M	Bangladesh
LUMBIGANON Pisake	M	Thailand
PANICH Vicharn	M	Thailand

Vacant Position 3: Latin America

Nominee	Sex	Country
DIAZ Soledad	F	Chile
FEO Oscar	M	Venezuela
GUIMARÃES Reinaldo	M	Brazil
HERNANDEZ Mauricio	M	Mexico

AFRICA

KOHI Yadon

Professor Yadon Kohi is currently the Director General of the Tanzanian Commission for Science and Technology and a member of the newly formed East African Research Council. Educated in Medicine (FRCS) and Law, he has won a number of awards, most recently the 2004 Vice Chancellor's Award as Best LLB Graduate in the Open University of Tanzania. His main research field has been concerned with head injuries and neurotraumatology, on which he has published and lectured extensively, and he is a member of several international neurosurgeons' societies. He has served on a wide range of boards, councils and commissions dealing with science, medicine and research. Among his several current appointments, he is Vice-Chairman of Tanzania's National Institute for Medical Research Council.

LEKE Rose

Professor Rose Leke, PhD, is Professor of Immunology and Parasitology at the Faculty of Medicine and Biomedical Sciences, University of Yaounde, Cameroon, has worked extensively in immunology and has published widely in this field with a research focus on malaria. She has served, or is currently serving, as a member of international research committees including the WHO-AFRO Research Policy and Coordination Committee, WHO-ACHR, and NIAID-NIH Immunology Focus Group, Chair of the Board of Directors of the National Medical Research Institute, IMPM, Chair of the African Regional Commission for the Certification of the Eradication of Poliomyelitis, President of the Federation of African Immunological Societies, and Council member of the International Union of Immunological Societies, Scientific Advisory Committee of the European Malaria Vaccine Initiative, WHO Advisory Committee on Malaria Vaccines, the TDR/MIM Task Force, and the Board of Trustees of the African Malaria Network Trust (AMANET).

MUGAMBI Mutuma

Professor Mutuma Mugambi is Vice-Chancellor of Kenya Methodist University MERU, Kenya and a professor of Health Sciences and Dean of the Faculty of Health Sciences, KMU. His training is in medicine and his research has included neurophysiology, reproductive physiology and the cardiovascular system; he has published extensively in these areas and on infectious diseases in Kenya. His current activities include research management and health research development. He established and has served as Director of the Kenya Medical Research Institute, founded Kenya's National AIDS Committee, served as Chairman of the African Advisory Committee on Health Research and has been an adviser or consultant to many international and regional bodies and agencies, including IDRC and the Canadian Coalition for Global Health. He is currently Executive Secretary of the African Health Research Forum (AfHRF) and played a leading role in its foundation in 2002.

REES Helen

Professor Helen Rees is Executive Director of the Reproductive Health Research Unit at the University of the Witwatersrand. She is Chairperson of IAVI's International Clinical Trials Committee, serves on IAVI's Scientific Advisory Committee and was co-convener of the Regulatory group of the Global HIV Vaccine Enterprise Committee. She has also chaired the WHO Advisory Committees on Clinical Trials and Regulation of HIV vaccines. She holds both a medical degree and a Masters in Social and Political Sciences and has served on many councils and committees, including a three-year term as Chair of the Medicines Control Council, and now serves on the MCC's Executive Committee, Clinical Trials Committee, ARV Pharmacovigilance and HIV Vaccine Committee. In 1999, she was nominated for the Nelson Mandela Health and Human Rights Award; was made an Officer of the British Empire in 2001; and in 2003 given a Lifetime Achievement award by Amanitare, a pan African partnership of organizations working in the field of Women and Children's health and rights.

SHISANA Olive
Dr Olive Shisana is President and CEO of the South African Human Sciences Research Council; was Executive Director of the Social Aspects of HIV/AIDS and Health national research programme; Head of Department of Health Systems Management and Policy at MEDUNSA; Specialist Scientist at the South African MRC; and Director General of the South African Department of Health. She coordinated establishment of the School of Public Health at the University of the Western Cape, and also worked as Acting Chief of Research and Statistics, District of Columbia, responsible for public health, mental health and social services research. She is a founding member of the South African Academy of Sciences and has global health experience as a former Executive Director of Family and Community Health at WHO. She is the principal investigator and main author of several reports emanating from large studies, has written numerous chapters and articles in scientific journals and has received several awards in the USA and South Africa.

TUMWINE James
Dr James Tumwine is Professor of Paediatrics and Child Health, Makerere University. He is a paediatrician and health services professional; a teacher who has contributed to a number of major international initiatives seeking to improving both general community health and the underlying quality of life for people in developing countries; and has worked in the UK, Zimbabwe and Uganda as well as serving as Health Adviser to OXFAM in the UK and Ireland; and undertaking consultancy work for the World Bank, Save the Children Fund, and collaboration with the Department of International development (DFID) in Namibia. He has considerable research and teaching experience both at the clinical and community levels and has an extensive list of publications.

ASIA

CHOWDHURY Mushtaque
Dr Mushtaque Chowdhury PhD is Director of the Research and Evaluation Division of BRAC in Bangladesh and Dean of the newly established BRAC School of Public Health. He played an important role during the broad introduction of Oral Rehydration Therapy (ORT) by BRAC in Bangladesh, and is a recognized expert on community-based health care for diarrhoeal diseases, Directly Observed Therapy Short Courses (DOTS) for tuberculosis, HIV/AIDS, immunization, as well as prevention programmes in sexual and reproductive health in South Asia. He has also published extensively on the role of women in community-based health care, nutrition, primary education, and poverty alleviation. He has been a regular consultant to governments in South Asia and Africa as well as multilateral organizations.

LUMBIGANON Pisake
Pisake Lumbiganon is Professor of Obstetrics and Gynaecology and Director of the Clinical Epidemiology Unit at Khon Kaen University, Thailand. He trained at Mahidol University in Thailand and has a Masters in Clinical Epidemiology from the University of Pennsylvania. He is involved with various WHO reproductive health research projects and is a regional editor of the *WHO Reproductive Health Library*. As convenor of the Thai Cochrane Network, he is actively involved in disseminating the concept of research synthesis in South-East Asia by working closely with the Cochrane Collaboration.

PANICH Vicharn
Professor Vicharn Panich was trained in medicine and was an international postgraduate student at the University of Michigan. He is a Special Advisor to the Thailand Research Fund and has a long and distinguished career in medicine, in research and in higher education. He has held several senior positions in Thailand universities, including the Membership of the Councils of several Thailand universities.

LATIN AMERICA

DIAZ Soledad

Dr Soledad Díaz is a cofounder and member of the Chilean Institute of Reproductive Medicine. She is a doctor and researcher in the area of reproductive health, including basic, clinical and health systems research. She has focused attention in the areas of family planning, breast feeding, the health of mothers and children during post-partum period, and the psychological and ethical aspects of research in human subjects. Dr Diaz takes part in numerous activities on research capacity strengthening in this field, is a consultant for WHO and a member of the Medical Panel of the International Planned Parenthood Federation. She has also taken part in workshops undertaken by international agencies, including the Population Council, Family Health International and Engendering Health.

FEO Oscar

Professor Oscar Feo, Director of Venezuela's School of Public Health, has medical and Master of Science degrees and has held appointments in the Institute of High Studies in Public Health of the Health Ministry and in the Department of Public Health of the University of Carabobo, Maracay, Venezuela as well as with PAHO. His field of specialization is public health and labour and health, about which he has written extensively. He has served on a range of national and international committees and working groups, including with the Office of the President in Venzuela, PAHO and the editorial board of the Journal of Health Policy.

GUIMARÃES Reinaldo

Reinaldo Guimarães is a physician and holds a Masters degree in social medicine, in which field he has taught and researched before moving towards planning, management and science and technology policies. He has served on numerous councils in Brazil and was director of Financiadora de Estudos e Projetos (Finep), a body of the Ministry of Science and Technology; a member of the Higher Council of Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (Capes), a body attached to the Ministry of Education, as representative of the scientific community; Vice-Dean of Postgraduate and Research at Uerj; and a member of the deliberating council, researcher and consultant at the National Council for Technological and Scientific Development. He coordinated the Science and Technology committee of the Associação Brasileira de Pesquisa em Saúde Coletiva (Abrasco). He was also a member of the Ciência Hoje magazine board, published by Sociedade Brasileira para o Progresso da Ciência (SBPC). Today he is associate-editor of the Ciência e Saúde Coletiva magazine, published by da Abrasco, and member of the editorial council of Health Research Policy and Systems magazine, published by WHO. He recently assumed the vice-presidency of Research and Technological Development at the Oswaldo Cruz Foundation (FIOCRUZ).

HERNANDEZ Mauricio

Dr Mauricio Hernandez-Avila, who holds an MD and a masters and doctorate in epidemiology, is Director General of the National Institute for Public Health (CISP) in Cuernavaca, Mexico. He has held a number of appointments in public health in Mexico and elsewhere, including as Executive Director of the Research Center in Population Health, CISP, and CONACYT, as well as on consultative committees of the Institute of Medicine of Harvard School of Public Health. He has published on a wide range of public health, cancer and environmental health and pollution issues and has served on numerous national and international bodies, including the Interagency Committee on Smoking and Health and the editorial boards of several national and international journals.